Florida Department of State Divisional Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

किन्द्र the email address for this business entity to be used for future mnual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE **D32 BUILDER LLC**

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JUN 1 5 2023 K Brumbley

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

гюн					
1. N	Name of the limited liability company: D32 Builder LLC				
2. (a)		(b)		
(u)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
					,-
	02/27/19	_	L190000573	174	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	D32 INVESTILLC				
,	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	- e.	
	7988 Via Dellagio Way				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	-	
	Suite 206				
	ORLANDO	32819		-	2
	, P1	·		•	AT 1:11 E2023
(b)	Registered Agents Inc				.
\ -7	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	•	=
	7901 4th St N				P - 1
	NEW Registered Office Address:			•	<u>ැ</u>
	STE 300				Si
				-	(·)
	St. Petersburg	33702			
				-	
f the	limited liability company is not organized under the la lange or changes are made, the Florida street address of	ws of th	e State of Flo istered office	orida, it is hereby confi	rmed that after
agent	will be identical. Or, in the case of a Florida limited li	ability of	ompany, it is	s hereby confirmed that	t the change(s)
	vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the				vise provided in
	ature of a member or authorized representative of a member		oin Jones		
Signa	ature of a member or authorized representative of a member			Printed or typed name of s	ignee
provis the ob to met notifie	eby accept the appointment as registered agent and agsions of all statules relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change.	nerforn	nance of my i	duties, ånd I am familia	ar with and accen
	and Corets David Roberts Assistant S	ecretary			
Signati	ure of Registered Agent				