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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 : (813)436-5206

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Email A	Address:
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LLC REGISTERED AGENT CHANGE TIGER MOTH REALTY, LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	une of the limited liability company:	EALTY, LLC	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)
	05/09/19	L19000	0126871
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SAUTTER, CHRISTIAN		
	Registered Agent and Registered Office shown on the records of		
	2850 NORTH ANDREWS AVENUE		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	WILTON MANORS , FI	33311	
(h)	Northwest Registered Agent LLC		2024
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	7901 4th St N		2024 APR -8
	NEW Registered Office Address:		PH
	STE 300		<u>්</u>
	St. Petersburg	33702	
	, FI		
he cha igent v vas/wo	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registered of ability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signal	ure of a member or authorized representative of a member	•	Printed or typed name of signee
l herel	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to act in this performance of	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept
ющиес	igations of my position as registered agent as provide By reflect a change in the registered office address, I Fin writing of this change. Taylor Newman - Assistant S		r 605, F.S. Or, if this document is being filed that the limited liability company has been