

L19000 215588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

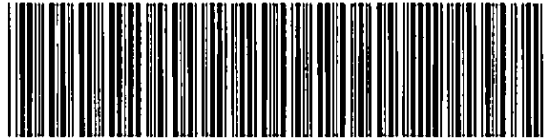
(Business Entity Name)

(Document Number)

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2020 SEP 24 AM 10:42  
CLERK OF STATE  
TALLAHASSEE, FL

TO 10/28/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lykes QOF #2, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristen Chittenden

Name of Person

Lykes QOF #2, LLC

Firm/Company

400 N. Ashley Drive, Suite 2500

Address

Tampa, FL 33602

City/State and Zip Code

kristen.chittenden@lykes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Chittenden                      813                      470-5070  
at (                      )  
Name of Person                      Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.*

1. Name of the limited liability company: Lykes QOF #2, LLC

2. (a) <u>400 N. Ashley Drive</u> Principal office address of limited liability company: <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>Suite 2500</u> <u>Tampa, FL 33602</u>	(b) <u>400 N. Ashley Drive</u> Mailing address of limited liability company: <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>Suite 2500</u> <u>Tampa, FL 336602</u>
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3. <u>7/5/13</u> Date of filing/registration in Florida	4. <u>L19000215588</u> Document number
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5. (a) Kristen Chittenden  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
400 N. Tampa Street

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 1900  
Tampa, FL 33602

(b) Kristen Chittenden  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
400 N. Ashley Drive  
**NEW** Registered Office Address:  
Suite 2500  
Tampa, FL 33602

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TALLAHASSEE, FL  
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kristen Chittenden  
Signature of a member or authorized representative of a member

Kristen Chittenden  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Kristen Chittenden  
Signature of Registered Agent