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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

| **Enter | the | email | address | for | this | busin | ess | entity | to | be | used | for | future |
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LLC REGISTERED AGENT CHANGE THE TRANQUILITY PORT 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.

| 1. N | ame of the limited liability company: | | |
|--|--|--|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. | 01/16/20 Date of filing/registration in Florida | L 4. | 20000023882 Document number |
| 3. | | 4. | Document number |
| 5. (a) | | | |
| | Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE. | the Florida I | |
| | Registered Office Address (MEST BE F LORIDA STREET) | <u>ADDRESS)</u> | 2024 HAR 26 |
| | JACKSONVILLE FI | 32202 | 26 |
| (b) | Registered Agents Inc | | 99 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office add | <u>'m</u> : |
| | 7901 4th St N | | |
| | NEW Registered Office Address: | | · · · · · · · · · · · · · · · · · · · |
| | STE 300 | | |
| | St. Petersburg . F1 | 33702 | |
| the cha agent v was/w the art | timited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | f the regist iability cor of the limit climited lia | ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in |
| There provisi the obi to mer | hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change. David Roberts - Assistant S | r performa. | in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept |
| | | | |