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(((H23000208427 3)))



H230002084273ABC

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Account Number : 076424003301

: (813)223-7474 Phone

Fax Number : (813)227-0435 22-2459/SSH

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T. LEMIEUX JUN 1 2 2023

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

1. 1	Name of the limited liability company: FF Stylust Fund	LLC					<u> </u>
2. (a)			(b)				
(- ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing addres	s of limited li	_	
	1311 N. Westshore Boulevard, Suite 101		1311 N. Westshore Boulevard, Suite 101				
	Tampa, FL 33607	_	Tampa, Fl	. 33607			
	06/18/2020		L200001694	42 1			
3.	Date of filing/registration in Florida	4.		Document i	number		
5. (a	Trenam Law						
	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of Stat	– e:			
	101 E. Kennedy Boulevard		-				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES		_			
	Suite #2700		_		ماند اختا	~ 3	
	T	22602		_		1. 1.1.5 2.0	
(b)	Tampa , FI	33602		_			
	TK Registered Agent, Inc.					- ري	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		-		P	r ·	
					-	<u> </u>	
	101 E. Kennedy Boulevard			_	· · ·	<u>@</u>	
	NEW Registered Office Address:				•	O	
	Suite 2700			_			
	Tampa Fi	33602					
If the	limited liability company is not organized under the law e or changes are made, the Florida street address of the	ws of the	e State of Flo	rida, it is he	reby confi	rmed tha	t after the
agent was/v	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ability c of the lir	ompany, it is nited liabilit	s hereby con y company c	firmed that	t the char	nge(s)
	tiones Abllaci		omas Wallacc	•			
Signature of a member or authorized representative of a member		Printed or typed name of signee					
provis the ob to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address, I tend in writing of this change.	ree to ac perform d for in hereby c	et in this cape cance of my c Chapter 605 confirm that t	acity. I furth luties, and I , F.S. Or, if the limited li	ner agree to am familia this docum ability com	o comply ir with ai nent is be npany ha	with the nd accept sing filed s been
	m-						
Signa	ute of Registered Agent						