L20000299793

(Requestor's Name)					
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Account#: I20000000088 For any issues please contact Cheyanne Davis (850) 202-1882

Date:	08/20/2024	Cheyanne Davis (850) 202-1882		
Name:	Cheyanne Davis	<u> </u>		
Reference	e #: 2464103			
	me:LMA_A	T SRR 403, LLC		
	ticles of Incorporation/Authorization	on to Transact Business		
✓ Ch	Change of Agent			
☐ Re	☐ Reinstatement			
Co	onversion			
	☐ Merger			
☐ Dis	☐ Dissolution/Withdrawal			
☐ Fic	ctitious Name			
Ot	her			
Authorize	ed Amount: \$25.00			
Signature	e: Chymic Exa			

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.

Name of the limited liability company:			LMA AT SRR 403, LLC				
2.	(a)	no change		(b)	no change		
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		10/1/2020			L20000299793		
3.		Date of filing/registration in Florida). ————	Document number		
5.	(a)	REDDEN, DAVID H					
(-)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Office Address (MUST BE FLORIDA STRE	200				
		11600 NINTH ST N					
		ST. PETERSBURG	, FL	33716	PELLAHASS		
(b)	(b)	Cogency Global Inc.			PILED NATION AND SEEF FLORIDA NATION ASSEE FLORIDA		
	` ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		115 North Calhoun Street, Suite 4			MII: 55		
		NEW Registered Office Address:					
							
		Tallahassee	, FL	32301			
the age was	cha nt w s/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite at the real throughout the members of organization or the operating agreement of	ss of the ed liabili ers of th	registered of ty company, e limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in		
		/s/ David Redden	_		David Redden		
S	ignat	ture of a member or authorized representative of a member			Printed or typed name of signee		
pro the to r	visi obli nere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as provely reflect a change in the registered office addres. I in writing of this change.	l agree to lele per, vided for s, I here	o act in this e formance of r in Chapter by confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed hat the limited liability company has been		

/s/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary