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cf 4/29/2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 645183 7945872						
AUTHORIZATION : 1						
Spillelenan						
COST LIMIT : \$ (25,00						
ORDER DATE : April 28, 2022						
ORDER TIME : 1:51 PM						
ORDER NO. : 645183-025						
CUSTOMER NO: 7945872						
CHANGE OF AGENT						
NAME: TRIANGLE AA, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland EXT#						

EXAMINER:

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. N	ame of the limited liability company:TRIANGLE AA	, LLC		
2. (a)	500 SOUTH POINTE DRIVE SUITE 240	(1	500 SOU	JTH POINTE DRIVE, SUITE 240
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('	<i>'</i>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI BEACH, FL 33139	-	MIAMI B	EACH. FL 33139
	10/12/2020	_	L2000031	1783
3.5. (a)	Date of filing/registration in Florida ASHKEN, IAN G.H.	4.		Document number
J. (4)	Registered Agent and Registered Office shown on the records of 500 SOUTH POINTE DRIVE, SUITE 240	the Florida	a Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	<u> </u>	202 SEC T/
	MIAMI BEACH	33139		P II.
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office ad	dress:	PR 28 AM 9: 09
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee FI	32301		_
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	ed office an impany, it i iited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	S/Martin E. Franklin	Mar	tin E. Franl	din, Manager
I here provis the ob- to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agricions 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. are of Registered Agent	performe d for in C hereby co	ance of my Thapter 605 Infirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been t. Vice President