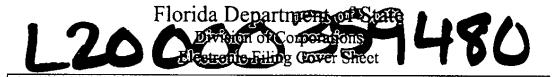
Division of Corporations



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Account Number : 076424003301

Phone : (813)223-7474

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

tgood@trenam.com

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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. N | lame of the limited liability company: | ee Fund L | LC | |
|----------------------------|---|---|--|--|
| 2. (a) | | ብ | o) | |
| ` ` ` | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | <u> </u> | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 131! N. Westshore Boulevard, Suite 101 | | 1311 N. We | estshore Boulevard, Suite 101 |
| | Tampa, FL 33607 | _ | Tampa, FL | 33607 |
| | 11/12/2020 | | L200003594 | 80 |
| 3. | Date of filing/registration in Florida | - 4. | 1 | Document number |
| 5. (a) | Trenam Law | | | |
| | Registered Agent and Registered Office shown on the records of 101 E. Kennedy Boulevard | | · · · · · · · · · · · · · · · · · · · | : |
| | Registered Office Address (MUST BE FLORIDA STREET Suite #2700 | ADDRESS | <u> </u> | |
| | Tampa | 33602 | | |
| (6) | | ··· | | |
| | TK Registered Agent, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| | Enter hame of New Registered Agent and/or New Registered | a Omee na | aress: | |
| | 101 E. Kennedy Boulevard | | | |
| | NEW Registered Office Address: | | | |
| | Suite 2700 | | | |
| | Tampa , Fi | 33602 L | | |
| chang 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 litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the | registere ability co of the lim | ed office and mpany, it is ited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| | Themas Wallace | Tho | mas Wallace | |
| Sign | ature of a member or authorized representative of a member | | | Printed or typed name of signee |
| provis the ob to mer | by accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change. | ree to act performed of for in C hereby co | in this capac ince of my di Chapter 605, onfirm that th | city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed ne limited liability company has been |
| 0. | WV_ | | | |
| Signati | are or registered Agent | | | |