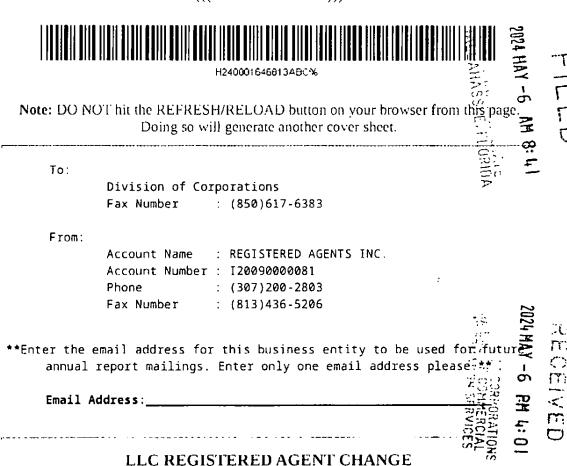


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000164681 3)))



LLC REGISTERED AGENT CHANGE 244 SPARTINA, LLC

| Certificate of Status | 0 |
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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: 244Spartina, LLC | | |
|------------------------------------|---|--|--|
| 2. (a |) | (b) | |
| (| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | |
| | 01/29/2021 | L21000 | 030046 |
| 3. | Date of filing/registration in Florida | 4, | Document number |
| 5. (1 | BEARD, AMELIA H | | |
| | Registered Agent and Registered Office shown on the records of | | |
| | Registered Office Address | ADDRESS) | |
| | 1414 COUNTY HIGHWAY 283 S., SUITE B | | |
| | SANTA ROSA BEACH . FL | 32459 | HAY . |
| (b) | Registered Agents Inc | | FILED TALLAHASSEE, FLORIDA |
| • | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | |
| | 7901 4th St N | | dano. |
| | NEW Registered Office Address: | | ν |
| | STE 300 | | |
| | St. Petersburg , FL | 33702 | ******** |
| the cl agent was/v | limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited have evere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the registered cability company of the limited lia | office and the business office of the registered that the change(s) it is hereby confirmed that the change(s) bility company or as otherwise provided in |
| $I \bigcirc$ | ALAN W-1/1/1/1 unture of a member or authorized representative of a member | Robin Jones | |
| | | | Printed or typed name of signee |
| provi the oi to me natifi | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provides rely reflect a change in the registered office address, I led in writing of this change. David Roberts - Assistant Seconds | performance of d for in Chapter herchy confirm | capacity. I further agree to comply with the I my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been |