## L21000095208

| (Requestor's Name)      |                    |                   |  |  |  |  |  |
|-------------------------|--------------------|-------------------|--|--|--|--|--|
|                         |                    |                   |  |  |  |  |  |
| (Address)               |                    |                   |  |  |  |  |  |
| ·                       | ( delicator)       |                   |  |  |  |  |  |
|                         |                    |                   |  |  |  |  |  |
| (Address)               |                    |                   |  |  |  |  |  |
|                         |                    |                   |  |  |  |  |  |
| (Cit                    | ty/State/Zip/Phone | #)                |  |  |  |  |  |
|                         | _                  |                   |  |  |  |  |  |
| PICK-UP                 |                    | MAIL              |  |  |  |  |  |
|                         |                    |                   |  |  |  |  |  |
| (Bu                     | siness Entity Nam  | ne)               |  |  |  |  |  |
| (20                     | Entry Men          | ,                 |  |  |  |  |  |
|                         |                    |                   |  |  |  |  |  |
| (Do                     | ocument Number)    |                   |  |  |  |  |  |
|                         |                    |                   |  |  |  |  |  |
| Certified Copies        | _ Certificates     | of Status         |  |  |  |  |  |
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| Special Instructions to | -                  |                   |  |  |  |  |  |
|                         | $J/\mu \phi$       | y 2023            |  |  |  |  |  |
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|                         | 00/2               | <sup>9</sup> 2023 |  |  |  |  |  |
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|                         |                    |                   |  |  |  |  |  |
|                         |                    |                   |  |  |  |  |  |

Office Use Only



300416564863





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

|                 | ACCOUNT NO.     | : 13   | 200000001  | .95     |  |  |  |  |
|-----------------|-----------------|--------|------------|---------|--|--|--|--|
|                 | REFERENCE       | : 0    | 38332      | 8108702 |  |  |  |  |
|                 | AUTHORIZATION   | :      |            |         |  |  |  |  |
|                 | COST LIMIT      | : C,\$ | (25:10.0Ce | man     |  |  |  |  |
| ORDER DATE :    | October 4, 2023 |        |            |         |  |  |  |  |
| ORDER TIME :    | 8:45 AM         |        |            |         |  |  |  |  |
| ORDER NO. :     | 038332-018      |        |            |         |  |  |  |  |
| CUSTOMER NO:    | 8108702         |        |            |         |  |  |  |  |
| CHANGE OF AGENT |                 |        |            |         |  |  |  |  |
| NAME :          | FDLP VII HOLD   | INGS,  | LLC        |         |  |  |  |  |

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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: FDLP VII HOLE   | DINGS, I                                     | LLC                             | <del></del>   |   |
|--|---|--|---------------------------------|---|---|
| 2. (a)   | 6100 N POWERLINE RD   | (  | (b) 515 E LAS OLAS BLVD STE 650 |   |   |
| 2. (4.)  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  | (~)                             |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)  |
|  | FT LAUDERDALE, FL 33309   |  |                                 | FT LAUD   | ERDALE, FL 33301  |
|  | 03/04/2021  | - <u>-</u>                                   | l<br>                           | 2100009   | <del></del>   |
| 3.   | Date of filing/registration in Florida  | 4.   |                                 |   | Document number   |
| 5. (a)   | Registered Agent and Registered Office shown on the records of ANGELO & BANTA, P.A.   |  | da E                            | Pept, of State                                      | _<br>e:   |
|  | Registered Office Address (MUST BE FLORIDA STREET   | <u>ADDRES</u>                                | SSI                             |   |   |
|  |   | 5 E LAS OLAS BLVD STE 650                    |                                 |   |   |
|  | FT LAUDERDALE FI  | 33301  |                                 |   | 7:17:20   |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company  | l Office a                                   | <u>dd</u> r                     | ess:  | 23 OCT -6 4M D: 1   |
|  | NEW Registered Office Address:  |  |                                 |   | -   |
|  | 1201 Hays Street  |  |                                 |   | _   |
|  | Tallahassee , FI  | 32301  |                                 |   | -   |
| change<br>agent<br>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 of cless of organization or the operating agreement of the | register<br>ability co<br>of the lir         | red<br>om<br>nite               | office and<br>pany, it is<br>ad liability           | d the business office of the registered<br>s hereby confirmed that the change(s)<br>y company or as otherwise provided in   |
|  | /S/ Frank D'Annunzio  | Fra  | ank                             | D'Annun:  | zio, Manager  |
|  | ature of a member or authorized representative of a member  |  |                                 | , .   | Printed or typed name of signee   |
| I here<br>provis<br>the obi<br>to mer<br>notifie | hy accept the appointment as registered agent and age<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I i<br>d in writing of this change.                  | ree to ac<br>perform<br>d for in<br>hereby c | t in<br>ian<br>Chi<br>onj       | this capa<br>ce of my a<br>apter 605<br>firm that t | ncity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been |
| Σ  | are of Registered Agent   |  |                                 | Grace   | E. Kirby, Asst. Vice President  |

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