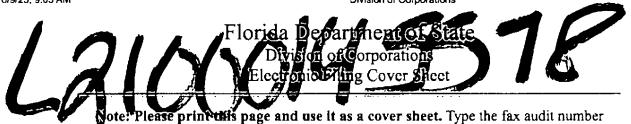
Division of Corporations



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Account Number : 076424003301

Phone

: (813)223-7474

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## LLC REGISTERED AGENT CHANGE FF SUPPLY WISDOM FUND LLC

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HelpT. LEMIEUX

JUN 1 2 2023

## 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.	Na	une of the limited liability company: FF Supply Wisdor	n Fund	LI	.C	_			
	(a)			(b)					
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			2	Mailing addre		-	
		1311 N. Westshore Boulevard, Suite 101			1311 N. W	estshore Boulevard, Suite 101			
		Tampa, FL 33607	_		Tampa, FI	. 33607		_	
		03/29/2021		1	L210001455	578			
3.		Date of filing/registration in Florida	4.	_		Document	number		
5.	(a)	Trenam Law							
Ì	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 101 E. Kennedy Boulevard			<b>e</b> :				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite #2700			-				
		Tampa , FL	33602			-			
	(b)	TK Registered Agent, Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	ę, t	5.93		
		101 E. Kennedy Boulevard						ພ	
		NEW Registered Office Address:				-			<u>.</u>
		Suite 2700					•	H H	_
						-			
		Tampa , FL	33602			_	•	ယ	
cha age wa	inge ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egister oility co the lir	on on	l office and npany, it is red liability	i the busine hereby cor company	ss office of the street street is seen to be a	of the re at the cl	gistered hange(s)
	_	Themas O'allace	The	oπ	as Wallace				
I h pro the to i	eret visio obli nere	over of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the in writing of this change.	e to ac perform for in pereby c	et i nar CF con	n this capa ace of my a apter 605, firm that t	Printed or tyl ncity. I furth luties, and I F.S. Or, i the limited I	her aaree	to comi	ply with the and accept being filed has been
Sig	natu	e or Regustered Agent							