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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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LLC REGISTERED AGENT CHANGE INNOVATIVE HOUSING PARTNERS, LLC Certificate of Status Certified Copy Page Count Estimated Charge

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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 No	ime of the limited liability company: Innovativ	e Hous	sing Partners, LLC
2. (a)	7901 4th St N	(b) _	
≟. (il)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300		
	St. Petersburg FL 33702		
	04/05/22	L	21000157445
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	TAYLOR A PENN		
J. (a)	Registered Agent and Registered Office shown on the records o	t the Florida De	ept. of State:
	4801 GULF BLVD SUITE 139		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	ST PETE BEACH	_{1.} 33706	202
(b)	Registered Agents Inc.		F 2022 JUN
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
sign. I here provis the obto mer	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the nature of a member or authorized representative of a member where the appointment as registered agent and a citizent of all statutes relative to the proper and completely reflect a change in the registered office address, and in writing of this change.	of the register liability composite of the limited liability liabi	pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. / Park Printed or typed name of signee In this capacity. I further agree to comply with the accept of my daties, and I am familiar with and accept to the context of the signer of t

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent