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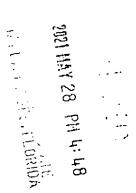
(Requestor's Name)		
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PICK-UP WAIT MAIL		
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Certified Copies Certificates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tiered Preferred, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the f	ollowing:	
Name of Person Tiered Capital Inc. Firm/Company	_	
111 N. Orange Ave., Ste. 800 Address	$\overline{\mathcal{L}}$	
Orlando, FL 32801 City/State and Zip Code jherring@fiered capital.com E-mail address: (to be used for future annual report notifie		
For further information concerning this matter, please call:		
Name of Person at (407	502-8349 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
S25 Filing Fee	5 Filing Fee & Certified Copy	

` STA'TEMENT 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. Name of the limited liability company: Tiered Pre	ferred LLC
2. (a)	(b)
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
III N. Orange Ave., Sk. 800	P.O. Box 1567
Orlando, FL 32801	Orlando, FL 32802
April 19,2021	<u> 121</u> 000181342
3. Date of filing/registration in Florida 4.	Document number
5. (a)Registered Agent and Registered Office shown on the records of the Flor	
_	rida Dept. of State:
Batsliga Law PLLC Registered Office Address (MUST BE FLORIDA STREET ADDRE	ESS)
III N. Orange Ave., Ste-800	_
Orlando, FL 3?	2801 HAY 28
(b)	
(b)	
	-10 ·
Sulie Herrina	# to the total terms of the tota
NEW Registered Office Address:	10 0
125 W. Fern Dr.	
Orange City, FL 32	2763_
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the registragent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the I the articles of organization or the operating agreement of the limited	ered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in
	Martin C. Flynn le
Signature of a member or authorized representative of a member	Martin C. Flynn, Jr. Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor the obligations of my position as registered agent as provided for in to merely reflect a change in the registered office address, I hereby notified in writing of this change.	set in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept a Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signature of Registered Agent	