Florida Department of State Division of Copporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please?

Email Address:

LLC REGISTERED AGENT CHANGE TRIBUTARY COMMERCIAL VILLAGE PHASE 2, LECTOR

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HehEMIEUX JUN 27 2022

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.

| L. N | iame of the limited liability company:Tributary Commercial Village Phase 2, LLC |
|------------------------------|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 12895 SW 132ND STREET MYAMI, FL 33186 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. 5. (a) | Date of filing/registration in Florida CORPORATION SERVICE COMPANY L21000183337 Document number |
| (-) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| (р) | TALLAHASSEE, ,FL 32301-2525 Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | 801 US Highway 1 NEW Registered Office Address: |
| | North Palm Beach , FL 33408 |
| thange igent w was/we | or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) regarded by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. |
| Signat | Carol Pettine, Attorney-in Fact ure of a member or authorized representative of a member Printed or typed name of signee |
| novisio he obli o meru | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been the confirmance of this change. |
| Signum | Ocarol Pettine, Special Secretary of Registered Agen: |
| | Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 |