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Ta:			<u>1.</u>
	Division of C	orporations	运
	Fax Number	: (850)617-6383	ASSET
From:			
•	Account Name	: C T CORPORATION SYSTEM	, n
	Account Numbe	r : FCA000000023	<u></u>
	Phone	: (614)280-3338	ORID
	Fax Number	: (614)573-3996	<i>پ</i> ب

Email Address:

LLC REGISTERED AGENT CHANGE TANASI II, LLC

Certificate of Status	0
Certified Copy	1
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M. SOLOMON

JUL 12 2024

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

From: Kaity Too

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 1177 161	ru.					
1. N	ame of the limited liability company: Tanasi II, LLC			·	_	
2. (a)	650 25th Street NW		(b) 650 25th Street NW			
_, ,,,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 400		Suite 400			
	Cleveland, TN 37311	_	Cleveland	. TN 37311		
	05/24/2021		L21000242	287		
3.	Date of filing/registration in Florida	4.		Document number	_	
5. (a	Philip M Higgins					
J. (u	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	ee:		
	107 Andres Road					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			SECRETARY TALLAHASSE		
	Ocean Recti, FL	33037		ETAR HASS	F	
(b)	C T Corporation System			P. P.	Γ	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			STATE LORIO,	C	
	NEW Registered Office Address:		_	-		
	1200 South Pine Island Road			_		
	PlantationFL	33324		_		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liaberer authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the the reginability confirmation of the limited	stered offic ompany, it i nited liabili- liability cor	e and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in		
	en Johnston	Ber	Johnston		_	
_	ature of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to men notific	thy accept the appointment as registered agent and agressions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change. C.T. Corporation System N.L. EMERICK ASSIGNT SECRETARY	ee to ac perforn d fôr in weeby c	t in this cap aance of my Chapter 60 onfirm that	oacity. I further agree to comply with the duties, and I am familiar with and access, F.S. Or, if this document is being file the limited liability company has been	he 2pt ed	
Signat	me of Registered Agent					

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

To: