Division of Corporations

## Florida Department of

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Division of Corporations

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From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.

Account Number : 076424003301

Phone : (813)223-7474

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Email	Address:	tgood@trenam.com	
		· · · · · · · · · · · · · · · · · · ·	

## LLC REGISTERED AGENT CHANGE FF GSM FUND 2 LLC

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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.	Na	me of the limited liability company: FF GSM Fund 2 L	LC				
2.	(a)			(b	)		
	(/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		ζ-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1311 N. Westshore Boulevard, Suite 101			1311 N. Westshore Bouleva	ard, Suite 101	
		Tampa, FL 33607			Tampa, FL 33607		
		06/03/2021			L21000259330		
3.		Date of filing/registration in Florida	4.	-	Document num	ıber	
5	(a)	Trenam Law					
J. (u)	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  101 E. Kennedy Boulevard  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Suite #2700	<u> </u>				
		Tampa , FL	33602			2023 、	
(b	(b)	TK Registered Agent, Inc.			2023 JUN - 7		
(-)		Enter name of NEW Registered Agent and/or NEW Registered	dress:				
		101 E. Kennedy Boulevard		PH			
		NEW Registered Office Address:				ሌ ተ	
		Suite 2700					
		Tampa, FL_	33602				
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 will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of f the li	ere con imi	d office and the business o mpany, it is hereby confirm ited liability company or as	office of the registered med that the change(s)	
		Times Willer	T	hor	nas Wallace		
	_	ure of a member or authorized representative of a member			Printed or typed r	-	
I h pro the to i not	eret ovisi obli nere iftea	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	e to a perform for in ereby	nct ma i C co	in this capacity. I further ince of my duties, and I am hapter 605, F.S. Or, if this nfirm that the limited liabi	agree to comply with the familiar with and accept s document is being filed lity company has been	
•	,	W.					
Sig	natu	re of Registered Agent					