(Requestor's Name)					
(Address)					
(Address)					
(City/State/Z	ip/Phone #)				
PICK-UP W	/AIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE JUN 3 0 2023					

Office Use Only



700411200187

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 842438 7540741					
AUTHORIZATION : June Bolle man					
COST LIMIT : /\$ 35.00					
ORDER DATE : June 28, 2023					
ORDER TIME : 9:15 AM					
ORDER NO. : 842438-003					
CUSTOMER NO: 7540741					
~ * *					
CHANGE OF AGENT					
NAME: TCD 226 AIRPORT PROPERTY LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					

EXAMINER:

## 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: TCD 226 AIR	PORT P	RO	PERTY LLC
2. (	(a)	600 Northlake Blvd.		(b)	600 Northlake Blvd.
2. (	,	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)
		Suite 130			Suite 130
		Altamonte Springs, FL 32701			Altamonte Springs, FL 32701
		05/24/2021			L21000263981
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)	SCOTTON, NANCY			
	()	Registered Agent and Registered Office shown on the records 600 Northlake Blvd.	of the Flo	rida	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREE	TADDRI	E <i>SS</i> )	2
		Suite 130			
		Altamonte Springs	3270 FL	1	
(	b)				PER JUJ
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	add	Iress:
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee	3230 FL_	1	dD.
char ager was	nge nt w /we	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members of organization or the operating agreement of the	he regist liability s of the l	erec con imi	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		/S/Peter Merrigan	<u>P</u>	ete	er Merrigan/Manager
	-	ure of a member or authorized representative of a member			Printed or typed name of signee
prov the to m	visio obli iere	y accept the appointment as registered agent and a point of all statutes relative to the proper and complet gations of my position as registered agent as providity reflect a change in the registered office address, in writing of this change.	te perfor	mai	in this capacity. I further agree to comply with the mee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been
Sign	atur	e of Registered Agent	Grace I	E. K	Cirby, Asst. Vice President