Division of Corporations



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Division of Corporations

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

Account Number : 076424003301 Phone : (813)223-7474

Fax Number : (813)227-0435

22-2459/SSH

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## LLC REGISTERED AGENT CHANGE FF GROW CREDIT FUND 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 Grow Credit United Liability Company:	nion LL	C	<del></del>			
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	<b>b</b> )	N	Mailing address of limite		
		1311 N. Westshore Boulevard, Suite 101			1311 N. W	estshore Boulevard, S		
		Tampa, FL 33607	_		Tampa, FL	33607		
		05/11/2021		Ι	.210002768	808		
3.		Date of filing/registration in Florida	4.	_		Document number		
5.	(a)	Trenam Law						
	. ,	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				:		
		Tampa	33602			2		
(	(b)	TK Registered Agent, Inc.  Enter name of NEW Registered Agent and/or NEW Registered 6  101 E. Kennedy Boulevard	Office a	dd	<u>ress</u> :	1912 JUR - 7 PH	<b>→</b> (1.4.7)	
		NEW Registered Office Address:			•			
		Suite 2700				<u>ن</u> 1		
		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 roll be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liability.	register oility co othe lin	on nit	l office and pany, it is ed liability	I the business office hereby confirmed to company or as other	of the registered that the change(s)	
		Pamas Giellace	The	OIT	as Wallace			
	_	ure of a member or authorized representative of a member	-			Printed or typed name of	J	
I h pro the to i not	eret ovisio obli nere ified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I his writing of this change.	e to ac erform for in ereby c	t i tar Ch	n this capa ace of my d apter 605, firm that ti	city. I further agree luties, and I am fami F.S. Or, if this doc he limited liability c	e to comply with the iliar with and accept ument is being filed company has been	
<del></del>		m						
Sig	matui	re of Registered Agent						