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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

5 بن LLC REGISTERED AGENT CHANGE TRADITIONS PROPERTY MANAGEMENT LLC Certificate of Status 0 0 Certified Copy 01 Page Count \$25.00 Estimated Charge

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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. N	ame of the limited liability company: 11aun	lions Propert	y Management LLC
2. (a)		(b)	
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/24/21	L21(000292550
3.	Date of filing/registration in Florida	4.	Document number
	LTSC HC		
5. (a)	Registered Agent and Registered Office shown on the rec	ords of the Florida Dept. of	State:
	Ç Ç		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	28 WEST PARK AVENUE		
	LAKE WALES	_{.FL} 33853	
		,	
(b)	Registered Agents Inc.		
	Enter name of NEW Registered Agent and/or NEW Reg	gistered Office address:	
	7901 4th St N		20 FA 10
	NEW Registered Office Address:		22 1
	STE 300		FIL 2022 APR 14 SLUM HAND ALLAHASSE
	St. Petersburg	_{. FL} 33702	FILED
the ch agent was/w	limited liability company is not organized under tange or changes are made, the Florida street add will be identical. Or, in the case of a Florida limpere authorized by an affirmative vote of the menticles of organization or the operating agreement	iress of the registered on ited liability company, inbers of the limited lial	of Florida, it is hereby confirmed hat after office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	2 ilyan Tark	Riley Pa	
Sign	ature of a member or authorized representative of a member	ı	Printed or typed name of signee
provi. the ob- to me	eby accept the appointment as registered agent a sions of all statutes relative to the proper and co- pligations of my position as registered agent as p rely reflect a change in the registered office add ed in writing of this change.	mplete performance of provided for in Chapter	-my auties, and 1 am Jamiliar with and accep -605. F.SOr. if this document is being filed
ju 1		sistant Secretary	