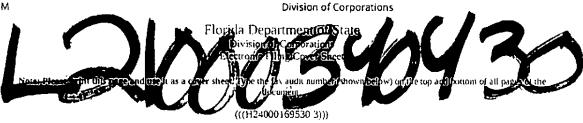
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Division of Corporations
Fax Number : (858)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I28890600881 Phone : (367)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE ROYAL OXFORD GLOBAL PROPERTIES LLC

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5/9/2024 1±:51:56 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

## 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.

I.	Na	me of the limited liability company:	YAL OXFORD G	LOBAL PRO	ROPERTIES LLC
2. (a	1)			(b)	
		Principal office address of limited liability (Note: MUST BE STREET ADDR	company:	_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
2		07/27/21	-: -:		1.000340430
3.		Date of filing/registration in Flo	паа	4.	Document number
5. (	a)	Lucena, Maximilian D.			
		Registered Agent and Registered Office shown on	the records of the	: Florida Dep	pt, of State:
		731 Duval Station Road			
		Registered Office Address (MUST BE FLOR	<u>IDA STREET AD</u>	DRESS)	<u>. (1)</u>
		Suite 107-151			
		Jacksonville	, FL	2218	
(b)	o)	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> 7901 4th St N	EW Registered O	ffice address	
		NEW Registered Office Address:			<del> </del>
		STE 300			
		31E 300	<del> </del>	-	
		St. Petersburg	, FL	3702	
the cagen was/ the a	ha t w we rti	nge or changes are made, the Florida stre vill be identical. Or, in the case of a Flori are authorized by an affirmative vote of the cles of organization or the operating agre	ct address of the da limited liab- ic members of the cment of the lia	ic registere ility compa the limited	, , ,
Sig	nal	Medicary James of authorized representative of a s	nember		Printed or typed name of signce
I he province to motification	$\mu$ q	by accept the appointment as registered a cons of all statutes relative to the proper a igations of my position as registered ages by reflect a change in the registered officing writing of this change.  David Roberts	gent and agree nd complete pe it as provided f e address, I he - Assistant Sect		this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept spier 605, F.S. Or, if this document is being filed frm that the limited liability company has been