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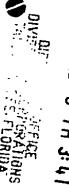
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 441973 8257429							
AUTHORIZATION: Spelle man							
COST LIMIT : \$ 25.00							
ORDER DATE : February 8, 2023							
ORDER TIME : :59 PM							
ORDER NO. : 441973-005							
CUSTOMER NO: 8257429							
CHANGE OF AGENT							
NAME: FIP TREA INVESTMENT MEMBER, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							
EXAMINER:							

COVER LETTER

TO:

Registration Section

Division of Corporations FIP Trea Investment Member LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consults the following statement in order to change its registered office or registered agent, or both, in the State of 1

1.	Na	me of the limited liability company:FIP TREA IN\	/ESTME	ENT	MEMBER	LLC		
2	(a)	2 S Biscayne Blvd. Suite 2000		(b)	2 S Biscayne Blvd. Suite 2000			
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX		
		Miami, FL 33131			Miami, FL 33131			
		11/12/2021 / 11/22/2021		l	_21000487	454		
3. 5.	(a)	Date of filing/registration in Florida Didier Choukroun	4.			Document number		
٠.	(4)	Registered Agent and Registered Office shown on the records 2 S Biscayne Blvd. Suite 2000	of the Flo	rida	Dept. of State	#		
	(b)	Registered Office Address (MUST BE FLORIDA STREE Miami, FL 33131	TADDR	ESS)	1			
		· · · · · · · · · · · · · · · · · · ·	FL					
		Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				-8 AH		
		NEW Registered Office Address: 1201 Hays Street				9: 12 STATE		
		Tallahassee,	FL)1		-		
chage was the	ange ent v s/we e arti Gignal herel ovisi obli mere	imited liability company is not organized under the or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the united of a member of a me	he regist liability s of the he limite	tered cor limi ed lia Didie	d office and mpany, it is ted liability ability com or Choukrou	I the business office of the registers hereby confirmed that the change(company or as otherwise provided pany. In Printed or typed name of signee acity. I further agree to comply with		
Sig	znatu	re of Registered Agent						