## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (551)694-8107 Phone Fax Number : (561)214-8442

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

Email Address:

## LLC REGISTERED AGENT CHANGE DALLAS NATIONAL APTS 1-3 LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY. 1

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	Name of the limited liability company: DALLAS NATIONAL APTS 1-3 LLC				
2.	(a)	12895 SW 132ND STREET	_ (b)	12895 SW 132ND STREET		
	<b>(</b> -)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	~ (3)	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)		
		MIAMI, FL 33186	<del>-</del> -	MIAMI, FL 33186		
		02/01/2022	_	L22000035290		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(2)	CORPORATION SERVICE COMPANY				
J. (	(a)	Registered Agent and Registered Office shown on the records of the		t. of State:		
		1201 HAYS STREET				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>		
			32301-2	525		
	(b)Corporate Creations Network Inc.			525		
	(-)	Enter name of NEW Registered Agent and/or NEW Registered (	Office address	5		
		801 US Highway 1				
		NEW Registered Office Address:	•	——————————————————————————————————————		
		North Palm Beach ,FL	3340	_ <del></del> . 8		
		,10		<del></del>		
cha age	ange ent v s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistered of oility compa the limited	ffice and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
				Rachel Joseph, Attorney-in-Fact		
-5	igne	ture of a member or authorized representative of a member		Printed or typed name of signee		
7.0		by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided	e to act in the erformance for in Chap	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed		

to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Rachel Joseph Rachel Joseph, Special Secretary Signature of Registered Agent