Division of Corporations

Florida Department of State

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Division of Corporations

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From:

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

Account Number: 076424003301

Phone : (813)223-7474

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

Empil:	Address:	tgood@trenam.com

LLC REGISTERED AGENT CHANGE FF SECURECO FUND LLC

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JUN 0 9 2023

K. Brumbia)

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: FF Secureco Fur	nd LLC			
2. (a)		(b)	b)		
(.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1311 N. Westshore Boulevard, Suite 101		1311 N. Westshore Boulevard, Suite 101		
	Tampa, FL 33607		Tampa, FL 33607		
	01/19/2022		L22000035931		
3.	Date of filing/registration in Florida	 4.	Document number		
5. (a)	Trenam Law				
J. (a)	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 Suite #2700	<u>S)</u>			
	Tarupa	33602			
		~			
(b)		2023			
	Enter name of NEW Registered Agent and/or NEW Registered	idress:			
	101 E. Kennedy Boulevard				
	NEW Registered Office Address:				
	Suite 2700		- 1		
	Tampa . F	33602 L	0		
chang agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the salled and the salled an	registered ability core of the limited limited	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. omas Wallace		
_	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mei	by accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act i performa d for in Ci hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been		
,					
Signati	ure of Registered Agent				