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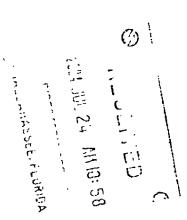
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Certified Copies	Certificates of St	tatus		
Special Instructions to Filing Officer:				
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Office Use Only



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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext:

Date: 07/23/24 Order #: 1572948-3

Re: LSF II Fultondale, LLC Processing Method: In-House

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$30.00 - FL State Account Number: 120000000195

AUTH

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## , 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. Na	ame of the limited liability company: LSF II FULTO	ONDALE, L	LC	
_, (_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	824 HIGHLAND AVENUE		824 HIGH	ILAND AVENUE
	ORLANDO, FL 32803		ORLAND	O, FL 32803
	03/08/2022		L22000096	6341
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records MIKKELSON, ADAM			2024
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	(S)	-
	824 HIGHLAND AVENUE		- <del></del>	2 7
	ORLANDO	FL_32803		
(b)				· · · · · · · · · · · · · · · · · · ·
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	-
	Corporation Service Company			
	NEW Registered Office Address:	•		-
	1201 Hays Street			_
	Tallahassee	FL_32301		_
change agent v was/we	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the member icles of organization or the operating agreement of the street or the operating agreement of t	he register liability cors s of the lin	ed office and ompany, it is nited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
/s/ Ac	/s/ Adam Mikkelson Adam Mikkelso		n, Authorized Person	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and a jons of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d'in writing of this change.	igree to ac te perform ded for in I hercby c	t in this cape ance of my c Chapter 605 onfirm that i	ncity. I further agree to comply with the duties, and I am Jamiliar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Ire of Registered Agent			

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14) CSC COA-7631