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Division of Corporations

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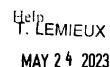
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Signature of Registered Agent

To:

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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.

L N	ame of the limited liability company:TSRM FL	PROPER	VITES, L.L.C.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	29780 Peppercorn Cir, Memfee, CA 92584		29780 Peppercom Cir, Menifee, CA 92584
	03/21/2022		L22000115863
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the		
	Registered Agent and Registered Office shown on the records of the	ne Florida D	Dept. of State:
	Registered Agent Solutions, Inc		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	2894 REMINGTON GREEN LANE SUITE A		
	TALLAHASSEE, , FL.	32308	
			· · · · · · · · · · · · · · · · · · ·
(b)			<u>ms</u> :
	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	(855)
	Thomas D Schultz		
	NEW Registered Office Address:		- ⊃≝ - ⊃#
	3204 NE 16TH Court,		<u>∵</u> . ∽
	Ocala , FL_	34479	
change agent v was/w the art Signa I here provis the ob- to mer politiv	limited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of refer of organization or the operating agreement of the liability of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete poligations of my position as registered agent as provided give reflect a change in the registered office address. I have a complete that the proper and complete poligations of this change.	registered oility com the limited lial mited lial	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. mas D. Schultz Printed or typed name of signee