



Office Use Only



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2024 DEC 10 PH 2: 09 SECRETARY OF STATE

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations						
1						
SUBJECT: Venetian TIC Holder V, LLC Name of Limited Lia	bility Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch.	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt	er to the following:					
Lisa Jutz						
Name of Person						
MLG						
Firm/Company						
19000 W. Bluemound Rd.						
Address	 					
Brookfield, WI 53045						
City/State and Zip Code						
ljutz@mlgcompanies.com						
E-mail address: (to be used for future annual rep						
For further information concerning this matter, please	call:					
	262) 364-5518					
Name of Person	Area Code & Daytime Telephone Number					
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:						
\$25 Filing Fee	S55 Filing Fee & Certified Copy					

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: Venetian	TICF	Iolder	V, LLC	
2.	(a)	19000 W. Bluemound Rd.		(b)		. Bluemound Rd.
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				niling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Brookfield, WI 53045			Brookfi	eld, W1 53045
		Ameil 14, 2022			1 22000150	2491
3.		April 14, 2022 Date of filing/registration in Florida		_ 4.	L22000158	ocument number
٥.		• •				ocument number
5.	(a)	·				
		Registered Agent and Registered Office shown on the record	ls of the	Florida E	Dept. of State:	
		303 N Saint Claire Abrams Ave				
		Registered Office Address (MUST BE FLORIDA STRE	ET ADI	<u>ORESS)</u>		
						202 SE T
		Tavares	, FL	32778		
	(b)	InCorp Services, Inc.				FILEI 2024 DEC 10 PH SECRE DARY OF TALLAHASSEE
	•	Enter name of NEW Registered Agent and/or NEW Register	ered Of	fice addr	ess:	SSS N
						PH 2: OF ST
		3458 Lakeshore Drive				D STATE E. FL
		NEW Registered Office Address:				1 09
		Tallahassee	, FL <u>3</u>	32312		
ch ag wa	ange ent v is/wo	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of	the reg d liabil ers of th	istered ity com ne limit iited lia	office and openy, it is he diability obtains bility comp	the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in any.
_	(tury of a member or authorized representative of a member		Jar	nes Muelle	r Printed or typed name of signee
						•
pr the to	ovisi 2 obl mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in whiting of this change.	agree i leie per vided fö k, I here	to act in forman or in Ch eby con	n this capac ice of my du aptèr 605. I firm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed a limited liability company has been

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

Melanie Galero on behalf of InCorp Services, Inc.