| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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SECKCIÁRY OF STATE TALLÁHASSEE, FL

FILED

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: Venetian TIC Holder VIII, LLC | | | | | | |
|---|--|--|--|--|--|--|
| | d Liability Company | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Chang | e and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter t | o 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 report | notification) | | | | | |
| For further information concerning this matter, please ca | 11: | | | | | |
| Lieo lute | 264 5510 | | | | | |
| Lisa Jutz at (2 | 262) 364-5518 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 | □ \$55 Filing Fee & Certified Copy | | | | | |
| INHS18 (2/14) | | | | | | |

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 | me of the limited liability company: Venetian TIC | Hold | er | VIII, LLC | |
|---------------------|---------------------|--|--------------------------------|-------------------|---|--|
| 2. (| (a) | 19000 W. Bluemound Rd. | (| (b) | 19000 \ | V. Bluemound Rd. |
| ` | . / | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | , | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | Brookfield, WI 53045 | _ | _ | Brook | field, WI 53045 |
| | | | _ | - | | |
| | | April 14, 2022 | | | L220001: | 58490 |
| 3. | | Date of filing/registration in Florida | 4. | | | Document number |
| 5. | (a) | The Bridlewood Real Estate Company | | | | |
| J. | (4) | Registered Agent and Registered Office shown on the records of th | e Florio | ia C | Dept. of State | - :: |
| | | 303 N Saint Claire Abrams Ave | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET AD | DDRES | <u>(S)</u> | | - |
| | | | | | | |
| | | | 3277 | 78 | | FILED 2024 DEC TO PM 2: 09 SECRETARY OF STATE TALLAHASSEE. FL |
| (| (b) | InCorp Services, Inc. | | | C 10 I | |
| | | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | LE LARY OF ARY OF VHASSE | |
| | | 3458 Lakeshore Drive | | | | D 12:0 |
| | | NEW Registered Office Address: | | | | , H 30 |
| | | | | | | - |
| | | Tallahassee, FL_ | 3231 | 2 | | |
| chai agei was | nge nt w :/wc | imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of class of organization or the operating agreement of the li | egister oility c the lir | red om nite | office and pany, it is ed liabilit | I the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in |
| | | fl. | | Jan | nes Muel | |
| | - | ture of a member or authorized representative of a member | | | | Printed or typed name of signee |
| I he prot the | erel visi obl | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by realect a change in the registered office agrees. The | e to ac erforn for in | t ir 1an Ch | n this cape ice of my c apter 605 | icity. I further agree to comply with the luties, and I am familiar with and accept to F.S. Or, if this document is being filed like limited liability company, has been |

fed in writing of this change,

Melanie Galero on behalf of InCorp Services, Inc.

re of Registered Agent