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To:	
, .	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : REGISTERED AGENTS INC.
	Account Number : I20090000081
	Phone : (307)200-2803
	Fax Number : (855)330-1010
annual	email address for this business entity to be used for future report mailings. Enter only one email address please.** ddress:
	Ü
	LLC REGISTERED AGENT CHANGE

BALCONY VIEW LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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: Balcony	Viev	v LLC		<u>.</u>	
2.	(a)			(b)			
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3171 Beechwood DR SE				
		3171 Beechwood DR SE					
		Marietta GA 30067	Marietta GA 30067				
		05/29/22		L22000248300			
3.		Date of filing/registration in Florida	- 4.		Document number		
5.	(a)	SHIFLETT, TODD Registered Agent and Registered Office shown on the records of	the Flor	da Dept, of State			
		Registered Office Address	<u>SS)</u>				
		PANAMA CITY	. 324	088			
(b)		Registered Agents Inc		2023 F 12 - 7			
		Enter name of NEW Registered Agent and/or NEW Registered	Office:	<u>iddress</u> :		.⇒ 1	
		7901 4th St N				7 PH	(T
		NEW Registered Office Address:				⊐¥ 	
		STE 300			-	։ շկ	
		St. Petersburg	3370)2	·		
the age wa	cha ent w s/we	mited liability company is not organized under the lay nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the repability of the li	gistered office company, it is imited liability	and the business office of hereby confirmed that the company or as otherwise	the re	gisterec ge(s)
	lionat	ure of a member or authorized representative of a member			ROBIN JONES Printed or typed name of signed		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent

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