## 07 970

(Requestor's Name)						
(Nequestor 5 Marile)						
(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:						
1						

Office Use Only



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2024 HAR 19 PM 3: 00

RECEIVED



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

Ext:

Date: 03/19/24 Order #: 1449503-3

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

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the mount of \$25.00

120000000019 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	ume of the limited liability company: LSF II TALLAH	IASSEE, LI	LLC	
7	(a)	824 Highland Avenue	(b)	824 Highland Avenue	-
	(")	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Orlando, FL 32803	_	Orlando, FL 32803	
		September 19, 2022		L22000403970	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)				
	•	Registered Agent and Registered Office shown on the records of	f the Florida	a Dept. of State:	
		Mikkelson, Adam		207 SE	
		Registered Office Address (MUST BE FLORIDA STREET	2024 HAR SECRETA TALLA		
		824 Highland Avenue			TASCES (MARCES
		Orlando	32803	188 <b>9</b>	4-3 <del>-4</del>
				الله الله الله الله الله الله الله الله	
	(b)				a ming.
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	Idress:	
		Corporation Service Company			
		NEW Registered Office Address:	-	<del></del>	
		1201 Hays Street		<del></del>	
		Tallahassee, F	L_32301		
cha age wa	ange ent w s/we	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered iability con of the limi	ed office and the business office of the region ompany, it is hereby confirmed that the cha nited liability company or as otherwise pro-	istered inge(s)
	/s/ Adam Mikkelson			Adam Mikkelson, Member	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
pro the to	ovisie obli mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide tly reflect a change in the registered office address, I I'in writing of this change.	ree to act i performan d for in Cl hereby con	in this capacity. I further agree to comply ince of my duties, and I am familiar with a Chapter 605, F.S. Or, if this document is b onfirm that the limited liability company h	y with the and accept being filed as been

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

Signature of Registered Agent
Lindsey M. Lockard, Asst. Vice President on behalf of Corporation Service Company