Division of Corporations

## Florida Department of State

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Division of Corporations

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	tgood@trenam.com	
Casil Addasss.	LECOCKELLEITAIR CON	

## LLC REGISTERED AGENT CHANGE FF SPV FUND 6 LLC \*\*\*\*

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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.

1.	Na	une of the limited liability company: FF SPV Fund 6 L	LC		<u> </u>		
2. (	a)			(b)	1		
2. (u)	<b></b> ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		=	nited liability company:
		1311 N. Westshore Boulevard, Suite 101			1311 N. W	estshore Boulevard,	, Suite 101
		Tampa, FL 33607			Tampa, FL	. 33607	
		10/24/2022		]	L220004579	)17	
3.		Date of filing/registration in Florida	<b>-</b> 4.	-	-	Document numbe	<del></del>
<b>5</b>	(a)	Trenam Law					
5. (	(a)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of State	- <del>:</del> :	
		101 E. Kennedy Boulevard			-		
(b)		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	
		Suite #2700				_	
		Tampa	33602				
		, r.					
	b)	TK Registered Agent, Inc.					2023
	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				•	2023 U.T.
		101 E. Kennedy Boulevard					00
		NEW Registered Office Address:	-	P			
		Suite 2700					ب
						•	: 09
		Tampa , FL	33602	2		_	9
char ager was	ige it w	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist ability of the l	erec con imi	l office and npany, it is ted liability	I the business office hereby confirmed or company or as of	ce of the registered it that the change(s)
	15	ens l'ullace	T	'nοπ	as Wallace		
Sig	mat	ure of a member or authorized representative of a member				Printed or typed name	e of signee
prov the c to m	isio bli ere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the change in the registered office address, I have the change in the registered office address.	ee to a perfor d for the tereby	act i mai n Cl ' cor	n this capa nce of my d napter 605, nfirm that th	city. I further agr luties, and I am far F.S. Or, if this do he limited liability	ree to comply with the miliar with and acce ocument is being file company has been
···	_ ′	/h					
3100	HHK	e of Registered Agent					