Tc- 18506176383 From: 12147128131 Date: 07/06/23 Time: 5:15 PM Page: 01/02



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Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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## LLC REGISTERED AGENT CHANGE FRANKLIN STREET EXPANSION PARTNERS, LLC

Certificate of Status	0
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T. LEMIEUX

JUL - 7 2023

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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.

2. (a)		(t	o)			_		
	Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS)	,	Mailing address of limited liability company				-	
	1311 NORTH WESTSHORE BLVD, SUITE 200		1311		(Note: MAY BE POST OFFICE BOX) RTH WESTSHORE BLVD, SUITE 200			
	TAMPA, FL 33607							
	TAW A. FL 55007	<del></del>	L23000088149					
	02/24/2023							
3.	Date of filing/registration in Florida	4.		Document	number			
5. (a)								
. ()	Registered Agent and Registered Office shown on the records of	of the Florida	Dept.	of State.				
	STAINTON, WILLIAM M							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	201 NORTH FRANKLIN STREET, SUITE 2000							
	ТАМРА	33602		<del></del>				
	TAMPA ,, F	·L						
(b)					Ü	20		
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ad	dress			2823		
	LECALING CORPORATE SERVICES INC					<del>=</del>	-	
	LEGALINC CORPORATE SERVICES INC.			<u>.</u>		1	e:	
	NEW Registered Office Address					~□	r	
	476 Riverside Ave.				-	PH 12		
						.: ::		
	Jacksonville, F	FL_32202			,	ف		
hange gent w vas/we	imited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited late authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registere liability co of the lim	d offi mpan ited li	ice and the busin iy, it is hereby co iability company	ess office of t infirmed that t	he regist the chang	cred gc(s)	
	Antonius De Sisto	Anto	onius I	DeSisto				
Signa	Signature of a member or authorized representative of a member			Printed or t	yped name of sig	nec		
l herei	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid tly reflect a change in the registered office address, i	gree to act te performa lad for in (	in thi.	is capacity. I fur of my duties, and	ther agree to I am familiar	comply w	uth the laccep	

Signature of Registered Agent