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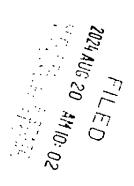
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. J.	46 JANE				

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 For any issues please contact Cheyanne Davis Date: ____08/20/2024 (850) 202-1882 Name: Cheyanne Davis 2464103 Reference #: _____ LMA INV CONDO I, LLC Entity Name: Articles of Incorporation/Authorization to Transact Business ☐ Amendment ∇ Change of Agent Reinstatement ☐ Conversion ີ Merger

Authorized Amount. \$25.00

☐ Dissolution/Withdrawal

Fictitious Name

Signature: _____

_____Other_______

F: 800,944,6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:08/	20/2024	(850) 202-1882
Name:C	Cheyanne Davis	
	2464103	
	LMA INV	CONDO I, LLC
Articles of	Incorporation/Authorization to	o Transact Business
Amendme	ent	
Change of	f Agent	
Reinstater	ment	
☐ Conversio	'n	
☐ Merger		
☐ Dissolution	n/Withdrawal	
Fictitious I	Name	
Other		
Authorized Amou		
Signature:	Crayus Dra-	

F: 800.944.6607



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.

Name of the limited liability company:			LMA INV CONDO I, LLC		
2.	(a)	no change	(b)	no change	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.		7/17/2023 Date of filing/registration in Florida	4.	L23000336759 Document number	
5.	(a)	REDDEN, DAVID H			
		Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A		i. of State:	
		11600 NINTH ST N			
		ST. PETERSBURG , FL_	33716	202	
(b	(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered Company (NEW Registered Company)	Office address	F1L 2024 AUG 20	
		115 North Calhoun Street, Suite 4 NEW Registered Office Address:		FILED U6 20 MIII: 18 Ep al 管部	
		Tallahassee , FL_	32301	<u> </u>	
the ag wa	e cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liagreement.	the registere bility compa f the limited	d office and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
		/s/ David Redden		David Redden	
	Signat	ture of a member or authorized representative of a member		Printed or typed name of signee	
pre the to	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ve to act in to performance I for in Chap ereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605. F.S. Or, if this document is being filed m that the limited liability company has been	
_		/s/ Michael Carlisle			
Si	gnatu	re of Registered Agent Michael Carlisle, Assistant Seci	retary		