Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (813)436-5206

<u>ယ</u> ರಾ \*\*Enter the email address for this business entity to be used for future 'annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE RED SWAMP PROPERTY HOLDINGS LLC

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M. SOLOMON

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8/21/2024 15 20:00 PDT

## 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	nne of the limited liability company:	PROPERTY HOL	DINGS ELC
2. (	a)	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)		Date of filing/registration in Florida REGISTERED AGENT SOLUTIONS, INC.	4.	000456657 Document number
	(8)	Registered Agent and Registered Office shown on the record 2894 REMINGTON GREEN LN., STE. A Registered Office Address (MUST BE FLORIDA STRE	ls of the Florada Depi	, of State:
		TALLAHASSEE  Northwest Registered Agent LLC	, FL_ <del>22308</del>	2824 AUG 22 PM
	b)	Enter name of NEW Registered Agent and/or NEW Registered A	ered Office address:	<u> </u>
		NEW Registered Office Address: STE 300		
		St. Petersburg	. F1. <u>33702</u>	
the d agen was/	tha it v 'we	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member cles of organization or the operating agreement of	e laws of the State as of the registered ad liability compa ers of the limited	e of Florida, it is hereby confirmed that after d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sin	Z znač	ure of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I he prov the o	ret risi obli ere	ov accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provive reflect a change in the registered office addres I in writing of this change.	lete performance vided for in Chap s, I hereby confir	his canacity. I further garee to comply with the
Sign	Alui	Taylor Newman - Assista	int Secretary	