L23000499172

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. | : | 12000000195 | | | | | | | |
|---|----------------|----------------|--|--|--|--|--|--|--|
| REFERENCE | : | 806777 7736597 | | | | | | | |
| AUTHORIZATION | : | Sound no. | | | | | | | |
| COST LIMIT | : | \$25.00 | | | | | | | |
| ORDER DATE : December 3, 2024 | | | | | | | | | |
| ORDER TIME : 9:42 AM | | | | | | | | | |
| ORDER NO. : 806777-017 | | | | | | | | | |
| CUSTOMER NO: 7736597 | | | | | | | | | |
| | | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | | |
| | | | | | | | | | |
| NAME: FLORIDA PROPERTY VENTURES III LLC | | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | | | |
| CERTIFIED COPY NEXT PLAIN STAMPED COPY | | | | | | | | | |
| | | | | | | | | | |
| CONTACT PERSON: Amanda Miller | - - | EXT# | | | | | | | |
| | | EXAMINER: | | | | | | | |

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.

| l. | Na | me of the limited liability company: FLORIDA PRO | PERTY | VE | VENTURES III LLC | | | |
|---|------------------------------|--|--|--------------------------|---|--|--|--|
| 2. (a | a) | | (| (b) | b) | | | |
| Ì | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ` ′ | Mailing address of limited liability of (Note: MAY BE POST OFFICE | этралу: | | |
| | | 55 STATION ST | | | 55 STATION ST | | | |
| | | SOUTHPORT, CT 06890 | | | SOUTHPORT, CT 06890 | | | |
| | | 11/03/2023 | | į | L23000499172 | | | |
| 3. | | Date of filing/registration in Florida | 4. | - | Document number | | | |
| 5. (| a) | | | | | | | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ARMOUR II, ALAN I | | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET | <u>si</u> - 2 | | | | | |
| | | 3001 PGA BLVD STE 305 | ALL ALL | | | | | |
| | PALM BEACH GARDENS .FL 33410 | | | | TALLAHASSEE. FLORIDA | TIME | | |
| | | | ~ | | SSEE | , TTI | | |
| (1 | | O | | | | | | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | nores: | - | | | | |
| | | Corporation Service Company | Or C | D | | | | |
| | | NEW Registered Office Address: | | | | | | |
| 1201 Hays Street | | | | | | | | |
| | | Tallahassee FI | 32301 | | | | | |
| 16.1. | | | | | | - | | |
| char agen was/ | ige it w we | mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the | register ability c of the lit | rec on mi | ed office and the business office of the reg ompany, it is hereby confirmed that the ch nited liability company or as otherwise pro | istered ange(s) | | |
| /S | / Fe | lix Charney | Fe | lix | ix Charney, Member | | | |
| Sig | gnat | ure of a member or authorized representative of a member | | | Printed or typed name of signee | | | |
| prov the o to m | isio obli ere | oy accept the appointment as registered agent and agins of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. | ree to ac perforn d for in hereby c | et i nan Cl vor | t in this capacity. I further agree to comp, ance of my duties, and I am familiar with Chapter 605, F.S. Or, if this document is a onfirm that the limited liability company k | y with the and accept being filed as been | | |
| | Ϋ́ | lage 2-Kuble | E.E. KIRBY, ASST. VICE PRESIDENT | | | | | |