From: David Thomas

4/17/24, 4:57 PM

Division of Corporations

Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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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Email Address:

LLC REGISTERED AGENT CHANGE BUCKEYE AZALEA PARK SPV LLC

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APR 1 9 2024

K. Brumbley

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.

| (a) | (b) | |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Principal office address of timited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) |
| | 915 Chesmut Street, Clearwater, FL 33756 | 915 Chestnut Street, Clearwater, FL 33756 |
| | | |
| | -03/26/2024 L | 24000138671 |
| | Date of filing/registration in Florida 4. | Document number |
| (a) | | |
| | Registered Agent and Registered Office shown on the records of the Floride D LANDECK, VERN | Dept. of State; |
| | Registered Office Address 915 CHESTNUT ST | |
| • . | CLEARWATER , FL 33756 | |
| (b) | C T Corporation System | 2024 APR |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered Office addr. | APR 1 |
| | NEW Registered Office Address: | <u> </u> |
| | 1200 South Pine Island Road | $\ddot{\omega}$ |
| | | |
| • | Plantation , FL 33324 | |
| chai nt w :/we | mited liability company is not organized under the laws of the Singe or changes are made, the Florida street address of the register of the identical. Or, in the case of a Florida limited liability comerce authorized by an affirmative vote of the members of the limited liability of the desired of the limited liability. | ered office and the business office of the register spany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in |
| gnan | ure of a member or authorized representative of a member | Printed or typed name of signee |
| ereb | y accept the appointment as registered agent and agree to act in ons of all statutes relative to the proper and complete performan gations of my position as registered agent as provided for in Ch ly reflect a change in the registered office address, I hereby con | n this capacity. I further agree to comply with the |