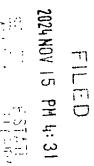
L24600179900

(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:					
OF. HOPA					
Special Instructions to Filing Officer:					
,					

Office Use Only



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COVER LETTER

Divi	sion of Corporations					
SUBJECT:	Cash Flow Fund VII Management LLC					
	Name of Limited Liability Company					
Dear Sir or t	Madam:					
The enclosed	d Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning	this matter to the	ne following:			
Nicholas Me	Grue					
	Name of Person					
Polymath Le	gal PC					
	Firm/Company					
5777 W. Cen	dury Blvd, Ste 1125					
	Address					
Los Angeles.	CA 90045					
	City/State and Zip Cod	le				
admin@poly	mathlegal.com					
E-mail	address: (to be used for future	annual report ne	tification)			
For further i	nformation concerning this mat	ter, please call:				
Tannya Rebe	есси	833 at (931-6418			
	Name of Person	\	Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: distration Section ision of Corporations . Box 6327 lahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the follow	ing amount:				
≡ \$	25 Filing Fee	ū	\$55 Filing Fee & Certified Copy			

TO: Registration Section

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	ame of the limited liability company:					
2. (a)	6081 Silver King Blvd. #103, Cape Coral, Florida 33914		(b) 5342 Clark Rd #3080, Sarasota, Florida 34233			
<i></i> (<i>a</i>)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		<u> </u>				
	April 16, 2024		1.24	4000179900		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Nate Armstrong					
5. (a)	Registered Agent and Registered Office shown on the records of t	the Flore	la De	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET)		SS1			
	6081 Silver King Blvd. #103	•	<u></u>	207		
	Cape Coral , FL	33914				
(b)	Registered Agents Inc			THE D		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	PILED PH 4: 31				
	NEW Registered Office Address:					
	7901 4th St N STE 300					
	St. Petersburg	33702				
chango agent v was/w the art	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the lin limited	red c comp mited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.		
	Nicholas McGrus	Ni	chola	as J. McGrue		
				Printed or typed name of signee		
provis the ob- to mer notifie	rby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in writing of this change.	ee to ac perforn t for in wreby o	a in nanc Cha confi	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been		
	Nicholas McGrus ure of Registered Agent					
Signate	ure of Registered Agent 🥠					