La6000040682

| (Re | equestor's Name) | | | |
|---|------------------|-------------|--|--|
| (Ac | ddress) | | | |
| (Ac | ddress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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| | | LC RA | | |

Office Use Only



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S. CHATHAM

AUG 1 2 2025

2025 AUG 11 AH 11: 19

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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607

850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 08/11/25 Order #: 4288018-4

Re: FP 7 NCW LANTANA LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office Check in the amount of: \$25 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

SI BO

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. N | ame of the limited liability company: FP 7 NCW LA | NTANA LLC | |
|----------------------------|--|---|---|
| 2. (a) | 2363 GULF TO BAY BLVD | (b)2363 GU | JLF TO BAY BLVD |
| <i>2.</i> («, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | CLEARWATER, FL 33765 UN | CLEARV | VATER, FL 33765 UN |
| | 01/22/2025 | L2500004 | 0682 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a | PARK, ANDREW | | |
| J. (u | Registered Agent and Registered Office shown on the records of | of the Florida Dept, of Sta | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2363 GULF TO BAY BLVD | | 2025 AUG 1 1 PM 6: |
| | CLEARWATER, F | FL_33765 | PH 6: 49 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company | ed Office address: | |
| | NEW Registered Office Address: | | _ |
| | 1201 Hays Street | | _ |
| | Tallahassee F | -L_32301 | _ |
| chang agent was/w | limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lactor authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | ne registered office ar liability company, it s of the limited liabili | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| | Andrew Park | Andrew Park, | Authorized Person |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob to mei | eby accept the appointment as registered agent and agions of all statutes relative to the proper and completabligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change. | gree to act in this cap le performance of my led for in Chapter 60 I hereby confirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| | Grace E. Kirby | | |
| Signat | ure of Registered Agent | | |