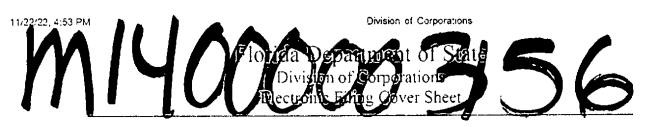
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone 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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T. LEMIEUX

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o:

## From: James Tanks

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

2022-11-22 15:55:45 CST

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of
State: Florida Tallahassee Miccosukee LLC	
Enter new principal office address, if applicable:	67 Hunt Street, Suite 206
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Agawam, MA 01001
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	67 Hunt Street, Suite 206
	Agawam, MA 01001
2. The Florida document number of this limited lie	ability company is: M14000003156
3. Jurisdiction of its organization:	
	48, 2014
SECTION II (5-9 complete only the applicable	changes) 20
5. New name of the limited liability company: (mus	changes)  St contain "Limited Liability Company," "L.L.C.," or "LLC.")  20 21 22 22 23 25 25 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	I for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register tegistered agent and/or the new registered office a	ed officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enier Florida Street Address
	City , Florida
	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	ent and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
- H'C	Changing Registered Agent, Signature of New Registered Agent

From: James Tanks

o:

i. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Addiess	Type of Action		
			CJAdd		
			□Remo		
and the Parket State of State			DAdd		
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			[]Add		
			□Remo		
			□Add		
			□Remo		
<u></u>			ClAdd		
aforementioned an	ficate, if required: no more than 90 or nendment(s), duly authenticated by the law of which this entity is organ	the official having custody of records in the	□Remo		
		ture of the authorized representative sa Property Investors, Inc., the manager of			

2022-11-22 15:55:45 CST

Typed or printed name of signee

Filing Fee: \$25.00