## M14000007475

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2023 OCT 18 PM 3: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED



CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195						
REFERENCE : 061913 4342287						
AUTHORIZATION :						
COST LIMIT : \$ 25.00						
ODDED DATE . October 11 2022						
ORDER DATE: October 11, 2023						
ORDER TIME : 2:45 PM						
ORDER NO. : 061913-161						
CUSTOMER NO: 4342287						
***						
CHANGE OF AGENT						
NAME: TERRACINA III, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland-sorenson						
EXAMINER'S INITIALS:						

## 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	une of the limited liability company: TERRACINA III,	LLC			
2. (a)	1107 HAZELTINE BOULEVARD STE 200		b) _	1107 HAZ	ELTINE BOULEVARD STE 200
2. (0)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ '	, _	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CHASKA, MN 55318	_	_	CHASKA,	MN 55318
	10/15/2014	<del>-</del>	M	114000007	475
3.	Date of filing/registration in Florida	4.		I	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State NRAI SERVICES, INC.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u> </u>
	1200 SOUTH PINE ISLAND ROAD PLANTATION	33324			23
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company			<u>'''''</u>	23007 18 4411:0
	NEW Registered Office Address:				85
	1201 Hays Street				
	Tallahassee FL	32301			
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister pility co the lir	ed omp	office and pany, it is I d liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Jill Cilmi			Jill Cilmi, Authorized Person		
Signat	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address, I he I in writing of this change.	e to ac erform for in ereby c	t in tanc Cha conf	this capac se of my di spter 605, orm that th	rity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Signatur	re of Registered Agent	race E	. Ki	rby, Asst.	Vice President