(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
(Only) State 21 pre-none #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
JDENNIS					
J. Dennis 11/25/24					
1/-4/					

Office Use Only



500435216785

2024 KOV 25 AH II: 55

FILED

RECEIVED

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. 1	Name of the limited liability company: FDG LR 7 LLC			<u>.</u>	
2. (a)		
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	C/O FECI 350 NW 1ST AVE, STE 200		C/O FECI P.O. BOX 164739		
	MIAMI, FL 33128		MIAMI, FL 33116 M14000008181		
	11/12/2014				
3.	Date of filing/registration in Florida	- 4		Document number	
5. (a)	COBB, KOŁLEEN O.P.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: C/O FECI				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 350 NW 1ST AVE, STE 200			2024 NOV SECRET	
	MIAMI , F	33128 P 25			
(b)				725 AF	
(1)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			AHI: 55	
	Corporation Service Company				
	NEW Registered Office Address:			_	
	1201 Hays Street			-	
	Tallahassee F	L		_	
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iws of the e registere iability cor of the limi	d office and inpany, it is ited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
/s	s/ Kolleen Cobb	Kolle	een Cobb, .	Authorized Person	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
provi the o to me	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide wely reflect a change in the registered office address, I ed in writing of this change.	ree to act e performa ed for in C hereby co	in this cape nce of my c hapter 605 nfirm that c	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
	s/ Grace E. Kirby	<u>G</u>	Grace E. Kirby, Asst Vice President		
Signa	ture of Registered Agent				

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