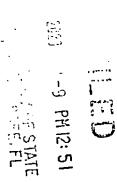
## M15000010043

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

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

ACCOUNT NO. : I2000000195							
REFERENCE : 779287 8411978							
AUTHORIZATION :							
COST LIMIT : \$\frac{25.00}{}							
ORDER DATE: May 31, 2023							
ORDER TIME : 8:45 AM							
ORDER NO. : 779287-103							
CUSTOMER NO: 8411978							
CHANGE OF AGENT							
NAME: LG TALLAHASSEE MARKET SQUARE, 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	me of the limited liability company: LG TALLAHASS	SEE MA	4R 	KET SQU	ARE, LLC
2.	(a)			(b)	)	
	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3500 Maple Ave. Suite 1600			3500 Map	ole Ave. Suite 1600
		Dallas, TX 75219	_		Dallas, T	X 75219
		12/15/2015		ı	M1500001	0043
3.		Date of filing/registration in Florida	4.	-		Document number
5.	(a)					
./.	(u)	Registered Agent and Registered Office shown on the records of t	he Flori	da	Dept. of Stat	<del>-</del> e:
		REGISTERED AGENT SOLUTIONS, INC.				<del>-1</del>
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 9	
		2894 REMINGTON GREEN LANE SUITE A				
		TALLAHASSEE, FL	32308	,		
						PH 12: 5
	(b)	Enter name of NEW Registered Agent and/or NEW Registered				E. T.
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office 8	ıdd	lress;	7 E 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Corporation Service Company				
		NEW Registered Office Address:				_
		1201 Hays Street				_
		Tallahassee	32301			_
cha age was	nge nt w s/we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the JILL CILMI	registe bility of f the lin iimited	rec con mi lia	d office and npany, it is ted liability ability com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
S	gnat	ure of a member or authorized representative of a member				Printed or typed name of signee
pro the to n	visio obli nere	ny accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h I'm writing of this change.	e to ac perforn for in ereby c	et i nai Cl coi	n this cape nce of my d hapter 605 ifirm that i	acity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
		<u> </u>	GRACI	E I	E. KIRBY.	ASST. VICE PRESIDENT
Sig	natur	e of Registered Agent				