| AMOCOOL   | CHNC          |
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| (Requestor's Name)<br>(Address)<br>(Address)  | 700320490697  |
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Account#: 12000000088

| Date:11.   | /07/2018  |                   |  |
|------------|---|-------------------|--|
|            | Merritt Walker  |                   |  |
|            | 1008391   |                   |  |
|            |   | S PROPERTIES, LLC |  |
|            | f Incorporation/Authorizati<br>ent<br>of Agent<br>ement |                   |  |
| Dissolutio | on/Withdrawal<br>Name                                   |                   |  |
| Other      | unt:\$ <u>ე</u> ,5                                      |                   |  |

Signature: \_\_\_\_\_\_



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

| Date:                           | 11/07/2018  |                        |   |
|---------------------------------|---|------------------------|---|
|                                 | Merritt Walker  |                        |   |
| Reference                       | #:1008391   |                        |   |
| Entity Nar                      | ne:TWO OAKS   | PROPERTIES, LLC        | - |
| ☐ Am<br>☑ Cha<br>☐ Rei<br>☐ Cor | cles of Incorporation/Authorizatio<br>endment<br>ange of Agent<br>instatement<br>nversion<br>rger | n to Transact Business |   |
|                                 | solution/Withdrawal<br>titious Name   | ایہ<br>ص<br>ب          |   |
|                                 | ner   |                        |   |
| Authorized                      | d Amount:\$25   |                        |   |

Signature: \_\_\_\_\_\_

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

| I.  | Nar   | ne of the limited liability company:                                | TWO OAKS I  | PROPERTIES, LLC                 |            |              |
|---|---|---|---|---------------------------------|------------|--------------|
|   |   | Principal office address of limited li<br>(Note: MUST BE STREET ADD | ability company:                                      |                                 | E 202      |              |
| UNDE: MUSI DE STREET AT   |   | UNDER MUSI DE SIREE ADD   |   | ATLANTA, GA 30024               |            |              |
| (b) Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX) | Mailing address of limited liability company: | 3651 PEACHTREE PKWY, SUIT   | E E 202   |                                 |            |              |
|   |   | ATLANTA GA 30024  |   |                                 |            |              |
| D   | ece   | mber 8, 2017  |   | M17000010448                    |            |              |
| 3.  | Dat   | e of filing/registration in Florida                                 |   | . Document number               |            |              |
| 5.  | (a)   | Registered Agent and Registered O                                   | ffice shown on t                                      | he records of the Florida Dept. | of State:  |              |
|   |   | Registered Agent:   |   | REGISTERED AGENTS I             | <u>NC.</u> |              |
|   |   | Registered Office Address:  |   |                                 |            |              |
|   | -   |   | 3030 N. ROCKY POINT DRIVE, SUITE 1<br>TAMPA, FL 33607 | 50A                             |            |              |
|   | (b)   | Enter name of <u>NEW Registered A</u>                               | gent and/or <u>NEV</u>                                |                                 | 13         | . <b>1</b> . |

| (MUST BE FLORIDA STREET ADDRESS) |  | th Calhoun St., Suite 4 |  |
|----------------------------------|--|-------------------------|--|
|----------------------------------|--|-------------------------|--|

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

MH.

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Signature of a member or authorized representative of a member

Matt Mills

Printed or typod name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Tim Mayville, Assistant Secretary

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)