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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE SILVERCREEK REALTY INVESTMENTS 2 LLC

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T. LEMIEUX MAY 2 3 2023

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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.

L. Na	nme of the limited liability company:	REALTY I	INVE	STMENT	S 2 LLC ·			
2. (a)		(b)					
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	_	:	Mailing address of I (Note: MAY BE	imited liabilit	y compai	ny:
	12771 World Plaza Lane Suite 1-N		12	771 Wor	ld Plaza Lane Sui	te 1-N		
	Fort Myers FL 33907		Fo	rt Myers	FL 33907			
	11/07/2019		M19	90000107	' 96			
3.	Date of filing/registration in Florida	4.			Document num	ber		
5. (a)	EPSTEIN, ANDREW S							
()	Registered Agent and Registered Office shown on the records 4600 SUMMERLIN RD	of the Florid	la Dep	ot, of State	• ::			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	(S)		•			
	C-2524		_		_			
	FT. MYERS	FL_33907						
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ac	ddress	<u>s</u> ;				
	7901 4th St N						C023 H. F	300
	NEW Registered Office Address:						-TK	
	STE 300					-	53	-
	St. Petersburg, I	FL				*.	PH 4:	; . ; C ·
the cha agent v was/we the arti Signa I herea	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member ob accept the appointment as registered agent and a sons of all statutes relative to the proper and completing ignations of my position as registered agent as providely reflect a change in the registered office address.	of the reg liability c s of the limited Rot gree to ac ie perforn	istere compo mited liabi pin Jo et in to mance	ed office any, it is liability lity com nes	and the busines hereby confirm y company or as pany. Printed or typed n activ. I further a duties, and I am	ss office of ned that the otherwise ame of signee agree to con- familiar w	that at the reg change provide mply with and	istered e(s) ed in ith the accept

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

- Assistant Secretary

David Roberts

Signature of Registered Agent