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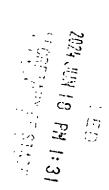
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. 1	Name of the limited liability company: TERRA WE	EST MF II	NVESTME	NTS HOLDINGS MEMBER I, LLC	
2. (a			o)		
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3310 MARY STREET, SUITE 302		3109 GRA	ND AVENUE #349	
	COCONUT GROVE, FL 33133		COCONU	T GROVE, FL 33133	
	01/24/2020		M2000000	1644	
3.	Date of filing/registration in Florida	4.	-	Document number	
5. (a					
٥. (١	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State	:	
NRAI SERICES, INC.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 S PINE ISLAND RD			2024 JUN 18	
	PLANTATION	FL_ ³³³²⁴			
(b	· · · · · · · · · · · · · · · · · · ·			<u>်</u>	
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	ldress:		
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	FL_32301			
Ta' als .	United the Discount of the American Indian	1	Canan of Fla	of the Control of the	
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the	the registero liability cors of the lim	ed office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	Xia E. Cionii	JILL	_ CILMI, AU	THORIZED PERSON	
				Printed or typed name of signee	
provi the of to me	weby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi orely reflect a change in the registered office address, ed in writing of this change.	igree to act te perform ded for in (I hereby co	in this capa ance of my d Chapter 605, onfirm that ti	city. I further agree to comply with the uties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signature of Registered Agent GRACE E. KIRBY, ASST. VICE PRESIDENT					