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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone: (561)694-8107 Fax Number: (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 1.

Email Address:

LLC REGISTERED AGENT CHANGE AG ESSENTIAL HOUSING MULTI STATE 2, LLC

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M. SOLOMON

OCT 2 4 2024

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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. N	ame of the limited liability company:	lousing N	lulti	i State 2, LLC			
2. (a)	245 Park Avenue, 26th Floor		(b)	245 Park Avenue, 26th Floor			
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of lit	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	New York, NY 10167			New York, NY 10167			
	10/07/2020		,	M20000008914			
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	_	Document numb	ег		
J. (a)	Registered Agent and Registered Office shown on the records 1200 SOUTH PINE ISLAND ROAD	of the Flor	ida	Dept, of State:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	(SS)	<u> </u>	(-) (-)	202 4 O	بد. ب
	PLANTATION	FL_33324			· 1	024 OCT 23	e an Can
(b)	Corporate Creations Network Inc.				10		9
(2,	Enter name of NEW Registered Agent and/or NEW Register	red Office	add	lress:		PM 4:2	C
	801 US Highway I				r:	7	
	NEW Registered Office Address;						
	North Palm Beach	FL_33408					
change agent was/w the art	limited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he regist liability s of the l	erec con imi	d office and the business off npany, it is hereby confirme ted liability company or as o	ice of the reped that the ch	gistered lange(s	d :)
(Strella Tavarez iture of a member or authorized representative of a member	<u> </u>	stre	lla Tavarez, Attorney-in-Fact	- ,		
I here provis the ob to mer notifie	iture of a member or authorized representative of a member by accept the appointment as registered agent and a lions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change. Talka Tavarez Estrella Tavarez. Special Secretary	te perfor ded for it I hereby	ict i mai i Cl coi	Printed or typed nor this capacity. I further agnice of my duties, and I am Johapter 605, F.S. Or, if this antimum that the limited liability	ree to comp	ly with and ac being f as bee	the cept filed m
Signati	ure of Registered Agony						