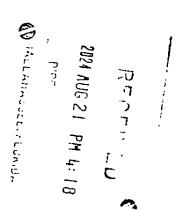
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Office Use Only



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

Account#: 120000000088

| Name:Constance L | | | | | |
|---|--|--|--|--|--|
| Entity Name: PG MAINSTREET NCC 5201 APARTMENTS, LLC Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal | | | | | |
| ☐ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ☑ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal | | | | | |
| ☐ Amendment ☑ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal | | | | | |
| ✓ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal | | | | | |
| Reinstatement Conversion Merger Dissolution/Withdrawal | | | | | |
| ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal | | | | | |
| ☐ Merger ☐ Dissolution/Withdrawal | | | | | |
| ☐ Dissolution/Withdrawal | | | | | |
| | | | | | |
| C Cistitious Name | | | | | |
| Fictitious Name | | | | | |
| Other | | | | | |
| Authorized Amount: \$ 25.00 | | | | | |
| Signature: (Motiona Aug.) | | | | | |



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| D-4 (| 08/15/2024 | Account#: I20000000088 For any issues please contact Xavian Brown 518-213-0739 | | |
|---|--------------------------------|--|--|--|
| Name: | Constance L | | | |
| Reference #: | 2465663 | - | | |
| Entity Name: | PG MAINSTREET NO | CC 5201 APARTMENTS, LLC | | |
| ☐ Amend ☐ Chang ☐ Reinst ☐ Conve ☐ Mergel ☐ Dissolu | e of Agent atement rsion | n to Transact Business | | |
| Other_ | | | | |
| Authorized Ar | mgunt: \$ Moto a I | | | |

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. | Name of the limited liability company: PG MAINSTI | | MAINSTRE | TREET NCC 5201 APARTMENTS, 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) | |
| 3. | | 11/16/2020 Date of filing/registration in Florida | - 4. | M20000010438 Document number | |
| 5. | (a) | Registered Agent and Registered Office shown on the records of | the Florida De | ot. of State: | |
| | | Registered Office Address [MUST BE FLORIDA STREET] | (DDRESS) | 2024 A | |
| | | , FL | | 621 | |
| į | (b) | Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered | | 三日 | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun Street, Suite 4 | | 9. 33 9. 33 | |
| | | NEW Registered Office Address: | <u> </u> | | |
| | | Tallahassee, F]_ | 3230 | 1 | |
| age was the | nt w √we artic | mited liability company is not organized under the law age or changes are made, the Florida street address of till 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 | vs of the Starthe registere shility compared the limited limited | te of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) | |
| I he pro the to n | ereb visio obli iere fied | the of a medical or authorized representative of a member by accept the appointment as registered agent and agrans of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. | ee to act in t performance I for in Chap vereby confir | Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed m that the limited liability company has been | |
| Sign | /S | 6/ Xavian Brown Assistant Secretary e of Registered Agent | | | |

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