Division of Corporations

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Division of Corporations

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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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LLC REGISTERED AGENT CHANGE ETXE II LLC

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To: 18506176383 From: 12147128131 Date: 11/29/21 Time: 4:16 PM Page: 02/02

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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.	Na	me of the limited liability company:ETXE II LLC			<u> </u>			··· -		
2. (a)		1	(b)						
2. (4)	,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)						
		1680 Michigan Ave, Suite 700 #322		1680 Michigan Ave, Suite 700 #322						
		Miami Beach, FL, US, 33139	_	Miami Beach, FL, US, 33139						
		02/19/2021		M210	000021	18				
3.		Date of filing/registration in Florida	4.			Document number				
,										
5.	(a)	Registered Agent and Registered Office shown on the records of	the Flora	da Dept	of State.					
		CT CORPORATION SYSTEM								
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE:	<u>S.S)</u>			唇。	~9		
		1200 S. PINE ISLAND ROAD					() ()	2021 NOV 30 AH 11:		
		PLANTATION	33324 L		HASSEE, FLORIDA				71	
				-			E E	30	17	
(b)						7(0)	<u></u>	Ö	
		Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress			.OR			
		LEGALINC CORPORATE SERVICES INC.						26		
		NEW Registered Office Address	· =		-					
		5237 SUMMERLIN COMMONS BLVD, SUITE 400								
		FORT MYERS.	33907							
		,F	L							
char ager was	nge nt v /we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability o of the li	red offi compan mited li	ice and y, it is iability	the business office hereby confirmed to company or as other	of the reg hat the cha	istered inge(s))	
		Jessica Kovar	Je	ssica Ko	ovar , A	uthorized Signatory				
	•	ture of a member or authorized representative of a member				Printed or typed name of				
pro the to n	visi obl nere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I did not writing of this change.	ree to a e perfori ed for in hereby	ct in thi nance o Chapte confirm	s capa of my d er 605, i that th	city. I further agree luties, and I am fam F.S. Or, if this doc he limited liability c	e to complifier with in tument is be company h	y with and accepting fi as beei	the cept iled n	
Sigi	natu	re of Registered Agent								

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