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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE 471241 7596800 AUTHORIZATION
COST LIMIT : \$ 25.00
ORDER DATE: May 16, 2024 ORDER TIME: 1:53 PM
ORDER NO. : 471241-231 CUSTOMER NO: 7596800
CHANGE OF AGENT CHANGE OF AGENT
NAME: TCH 500 ALTON INVESTMENTS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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.

i.	Na	me of the limited liability company: TCH 500 ALTON	N INVES	3TI	MENTS, I	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)				
		3310 Mary Street Suite 302			3109 Gra	and Ave #349				
		Coconut Grove, FL 33133	_		Coconut	Grove, FL 331	33			
		03/16/2021		M	12100000	29 9 9				
3.		Date of filing/registration in Florida	4.	_		Document nu	mber			
5.	(a)									
J	(α)	Registered Agent and Registered Office shown on the records of t NRAI SERVICES, INC.	the Florid	a D	Dept. of Stat	ze:				
		Registered Office Address (MUST BE FLORIDA STREET A	IDDRES.	<u></u> <u>S)</u>		-	\$9°	2024 JUN 18		
		1200 SOUTH PINE ISLAND ROAD							8	
		PLANTATION .FL	33324							
						_			1 - T- T	
(b) .	Enter name of NEW Registered Agent and/or NEW Registered O				_		An:		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				25	9:			
		Corporation Service Company						2		
		NEW Registered Office Address:								
		1201 Hays Street				_				
		Tallahassee .FL	32301							
char ager was the a	ige it w /we: irtic	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of the organization or the operating agreement of the less of organization.	registera bility co f the lin	ed om nite	office and pany, it is ed liability	d the business s hereby confir y company or a	office of a	the regi	istered nge(s)	
		recof) member or authorized representative of a member	JILL	L C	CILMI, AU	THORIZED PE	ERSON			
Signature of a member or authorized representative of a member Pri							name of sig	-		
I he prov the o to m notij	reb visió oblig erei fied	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to act perform I for in C ereby co	in and Che onj	this capa ce of my a apter 605 firm that t	acity. I further duties, and I at , F.S. Or, if th the limited liab	agree to n familian is docume pility comp	comply with a ent is b pany ho	with the and accept eing filed as been	
Sign	atur	Craze Ctroby c of Registered Agent	RACE	E.	KIRBY,	ASST. VICE I	PRESIDE	NT		