State 609 Flor Electronic Filing Cover Sheet

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To:			
	Division of Co	porations	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: CAPITOL CORPORATE SERVICES, INC.	
	Account Number	: I2016000048	2
	Phone	: (800)345-4647	3
	Fax Number	: (800)432-3622	2073 FFB
		;- ;	
**Enter th	e email address	for this business entity to be used for future:	
annua	il report mailin	gs. Enter only one email address please.**	_ 66
Email	Address:	(iii)	
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LLC REGISTERED AGENT CHANGE THIRD LAKE RE PH DEVELOPMENT II GP, LLC

	Certificate of Status	0
	Certified Copy	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submi	ant to the provisions of sections 605.0114 or 605.0116 ts the following statement in order to change its reg	gisierea office of	r regisiereu ugeni, ni uon	T, In the State of	
Florid 1 Nz	me of the Limited Liability Company:	: RE PH DEV	ELOPMENT II GP, L		
	1600 EAST 8TH AVENUE SUITE A132-D Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(b) <u>1600</u>	1600 EAST 8TH AVENUE SUITE A132-D Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	TAMPA, FL 33605	<u></u>	MPA, FL 33605		
	5/18/2021	<u>M21</u>	000006096		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	FORSYTHE, ROBERT S Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State		
	1600 EAST 8TH AVENUE SUITE A132-D			. 2	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESSI		2023 FEB 24	-1-
	TAMPA,FL	33605	-		منتحد منتخدم 2
(b	Capitol Corporate Services, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address		AN 8: SSEE, F	
	Enter name of NEW Kerniero Areni andor MEN Relative				
	515 East Park Avenue 2nd Fl				
	NEW Registered Office Address:				
	Tallahassee,FL	L_32301			
the cl agen	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- yer: authorized by an affirmative vote of the members of ticks of organization or the operating agreement of the	liability company of the limited lia	, it is hereby confirmed that bility company or as otherw	t the change(s)	
	total.t_	<u>Nober</u>	A S. Fox SALLE Printed or typed name of s	ignee	
I her provi the o to me notif	native of a member or authorized representative of a member reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide refy reflect a change in the registered office address. I red in writing of this change.	led for in Chapter Thereby confirm	capacity. I further agree to my duties, and I am familio r 605, F.S. Or, if this docur that the limited liability cor	a nomenta suith the	
10			istant Secretary on orporate Services, Inc.		
aign	Division of Corporations• P.O.				
	FILING I	FEE: \$25.00	,		

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