(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Thomas of the state of the stat		





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TALLAHASSEE, FL 32301
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F: 866.625.0839
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Account#: I20000000088

Date:	06/29/2023	
Name:		
	2035415	<del>_</del>
Entity Name	EAGLE	PROPCO 9 LLC
	les of Incorporation/Authorization	
Ame	ndment	
✓ Char	nge of Agent	
☐ Rein	statement	
☐ Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	r	
Authorized	Amount: \$25.00	

F: 800.944.6607



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Account#: 120000000088

Date:	06/29/2023	
Name:	Chris Vick	
	#: 2035415	<del></del>
Entity Nam	e: <b>EAG</b>	LE PROPCO 9 LLC
☐ Artic	les of Incorporation/Authoriz	ation to Transact Business
☐ Ame	endment	
✓ Cha	nge of Agent	
☐ Rein	statement	
Con	version	
☐ Merç	ger	
☐ Diss	olution/Withdrawal	
☐ Ficti	tious Name	
☐ Othe	er	
Authorized Signature:	Amount: \$25.00	

## 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

•	address of limited liability company: UST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
No Change		<u>N</u>	lo Change
June 9, 2021			M21000007078
Date of fili	ng/registration in Florida	4.	Document number
CORPORATION	SERVICE COMPANY		
Registered Agent and Re	egistered Office shown on the records of	of the Florida De	pt, of State:
1201 HAYS STE	REET		
Registered Office Addre	:88 <u>(MUST BE FLORIDA STREE</u>	T ADDRESS)	-
TALLAHASSEE	, F	32301-25	2023 JUH 29 SECURE 1/2 TALL AHASS
COGENCY GLC	BAL INC.		JA 20
Enter name of NEW Re	gistered Agent and/or NEW Register	ed Office addres	<u>S:</u>
115 North Calho	oun St., Suite 4		
NEW Registered Office	Address:		· · · · · · · · · · · · · · · · · · ·
Tallahassee	Į:	<sub>L_</sub> 32301	
hange or changes are n will be identical. Or, were authorized by an	any is not organized under the lande, the Florida street address of in the case of a Florida limited	aws of the Sta of the register liability comp of the limited	ate of Florida, it is hereby confirmed that aft ed office and the business office of the regis any, it is hereby confirmed that the change( I liability company or as otherwise provided
tite roo ar organization	or the operating agreement of the	ic illinicate titato	my company.

Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent