## M21000007922

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 06/29/2023	
Name: Chris Vick	
Reference #: 2035415	
Entity Name: LAH CREEKSIDE OPCO LLC	
☐ Articles of Incorporation/Authorization to Transact Business	
Amendment	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$25.00 Signature:	

## 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.

	Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS	npany:	Mailing address of limited liability compa  (Note: MAY BE POST OFFICE BOX
No	Change		No Change
<u>Jur</u>	ne 22, 2021		M21000007922
	Date of filing/registration in Florida	a 4.	Document number
CC	DRPORATION SERVICE COMPA	NY	
	stered Agent and Registered Office shown on the	records of the Florida	Dept, of State:
12	01 HAYS STREET		
Reg	istered Office Address (MUST BE FLORIDA	STREET ADDRESS)	2
	ALLAHASSEE	, <sub>FL_</sub> 32301-	-2525
CC	GENCY GLOBAL INC.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Ente	r name of NEW Registered Agent and/or NEW	Registered Office add	dress:
11	5 North Calhoun St., Suite 4		129 PH 12: 55
NEV	W Registered Office Address:		ATE 25
		<sub>FL_</sub> 32301	

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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

Timothy Mayville, Assistant Secretary, Assistant Secretary Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00