

M21000008117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

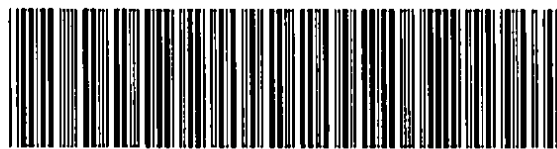
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SECRETARY
TALLAHASSEE

2023 JUN 29 PM

SECRETARY
TALLAHASSEE FLORIDA

2023 JUN 29 AM 11:25

RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 842438 7540741

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : June 28, 2023

ORDER TIME : 9:15 AM

ORDER NO. : 842438-002

CUSTOMER NO: 7540741

CHANGE OF AGENT

NAME: TCD 225 MASTER LESSOR LEGENDS
PROPERTY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Elyliena Baker

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.

1. Name of the limited liability company: TCD 225 MASTER LESSOR LEGENDS PROPERTY LLC

2. (a) 600 Northlake Blvd. (b) 600 Northlake Blvd.

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Suite 130

Suite 130

Altamonte Springs, FL 32701

Altamonte Springs, FL 32701

06/18/2021

M21000008117

3. Date of filing/registration in Florida

4. Document number

5. (a) LACKEY, VICTORIA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

600 Northlake Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 130

Altamonte Springs, FL 32701

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

2023 JUN 29 PM 3:00
SECRET
TALLAHASSEE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Peter Merrigan

Peter Merrigan/Manager

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00