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Division of Corporations

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Account Number : I20160000048

Phone : (800)345-4647

Fax Number

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LLC REGISTERED AGENT CHANGE THIRD LAKE RE VALUE-ADD OFFICE II GP, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursui submi Floria	ant to the provisions of sections 605.0114 ts the following statement in order to cl	hange its regis	sierea ojjio	e or regi.	undersigned lustered agent, of OFFICE II	n oon, m	ty comp the State	any e of
	me of the Limited Liability Company:	IND EARL	NE VAL	J <u>L</u> -ADD	01110211			
3 (-)	1600 EAST 8TH AVENUE SUIT	E A132-D	(ъ) 1	600 EAS	T 8TH AVE	NUE SUI	ΓΕ A13	32-D
Z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	TAMPA, FL 33605			AMPA, I	L 33605			- -
	9/21/2021		<u>M:</u>	210000	012432			
3.	Date of filing/registration in Flo	orida	4.	D	ocument numb	er		
5. (a	FORSYTHE, ROBERT S							
-'. (a	Registered Agent and Registered Office shown o	n the records of th	e Florida Dej	st, of State:				
	1600 EAST 8TH AVENUE SUIT	TE A132-D						
	Registered Office Address (MUST RE FLO)	UDA STREET A	DDRESS)					
	TAMPA		33605			IAI LÄHASSE	2023 FEB	
(b)	Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or N	EW Registered (Office addres	<u></u>			24	<u> </u>
	Ellier hame of Carlotte					985 1	AH	i
	515 East Park Avenue 2nd Fl					Ti _C		(T
	NEW Registered Office Address:					FALL	œ. 	
						1	7	
	Tallahassee	,FL	32301	_				
the cl	limited liability company is not organized hange or changes are made, the Florida stream will be identical. Or, in the case of a Flowere authorized by an affirmative vote of the of organization or the operating agreement.	rida limited lia	the register bility comp f the limite	pany, it is l d liability	hereby confirm company or as	ed that the	hange(s	}
	native of a interper or authorized representative of		Not	xst5	Printed or typed na			
I her provi the or to me notifi	reby accept the appointment as registered sions of all statutes relative to the proper bligations of my position as registered agreely reflect a change in the registered officed in writing of this change.	agent and agre and complete p ent as provided ice address, I h	f for in Cha sereby conf	iptér 605, irm that th	F.S Or, if this ne limited liabil	i document i lity company	ply with h and ac s being f has bee	the Cept îled In
3,	in Parlais	Brian R	tadecki, /	4ssistan	t Secretary o ate Services	UH		
Signa	ture of Registered Agent					,o.		
	Division of Corpora	ations• P.O. B FILING FE	10x 032/€ EE: \$25.00	1 a) 14 11 14 5 5 1	CE LIVE STOLE			

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