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## LLC REGISTERED AGENT CHANGE THIRD LAKE RE MULTIFAMILY III GP, LLC

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

Pursuant to the provisions of sections 60, submits the following statement in order	5.0114 or 605.0116, Flori r to change ils registered	da Statutes, the undersigned limite d office or registered agent, or bo	d liability composits, in the State	any e of
Florida.	THIRD LAKE RE	MULTIFAMILY III GP, LLC		ĺ
1. Name of the Limited Liability Company	y			
2. (a) 1600 EAST 8TH AVENUE S	SUITE A132-D	(b) 1600 EAST 8TH AVENUE		2-D
Principal office address of limited (Note: MUSI BE STREE	Hiability company:	Mailing address of limited (Note: MAY BE POST		
TAMPA, FL 33605		TAMPA, FL 33605	<del></del>	
9/21/2021		M21000012434		
3 Date of filing/registration	in Florida 4.	Document number		
5. (a) FORSYTHE, ROBERT S Registered Agent and Registered Office s	hown on the records of the Flori	ida Dept. of State:		
1600 EAST 8TH AVENUE	SUITE A132-D		. ~	
Registered Office Address (MUST B)	<u>E FLORIDA STREET ADDRE</u>	<u>355</u> 1	023	
			<u> </u>	:"2
TAMPA		605	14U ÁHÁ	J k., t.,
Chaital Cornorata Sarvices	· Inc		SSE A	7
(b) Capitol Corporate Services  Enter name of NEW Registered Agents	ind/or NEW Registered Office	address:		-
Into hand or Eq.	_		<b>&amp;</b>	7
515 East Park Avenue 2nd	FI			
NEW Registered Office Address:				
Tallahassee	, FL 323	301		
If the limited liability company is not org the change or changes are made, the Flor agent will be identical. Or, in the case of was/were authorized by an affirmative ve the articles of organization or the operati	f a Florida limited liability the of the members of the l	company, it is hereby confirmed the limited liability company or as other	hat the change(s)	)
$-\nu$ L I $\nu$	1	Nobert 5. Forsythe		
Sign ture of a my moet or authorized representa	tive of a member	Printed or typed name of	of signee	
I hereby accept the appointment as regi- provisions of all statutes relative to the p the obligations of my position as register to merely reflect a change in the register notified in writing of this change.	stered agent and agree to proper and complete perfored agent as provided for t red office address, I hereby	in Chapter 605, F.S. Ur, if this doc w confirm that the limited liability c	e to comply with iliar with and ac zument is being f company has bee	the cept lled n
Signature of Registered Agent		cki, Assistant Secretary on	_	
		apitol Corporate Services, In	IC.	
Division of C	orporations • P.O. Box 6.	327 • Tallahassee, FL 32314		

INHS18 (2/14)