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(((H23000069839 3)))



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

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

submu: Florida		to change its regi	sterea office o.	es, the undersigned limiter r registered agent, or he AMILY IV GP, LLC	d liability company oth, in the State of	
I. Nai	ne of the Limited Liability Company:					
2 (a)	1600 EAST 8TH AVENUE SU	JITE A132-D	(b) <u>1600</u>	EAST 8TH AVENUE		
2. 10)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	liability company OFFICE BOX)	
	TAMPA, FL 33605		TAM	PA, FL 33605		
	9/21/2021		M210	000012439		
3.	Date of filing/registration in	n Florida	4.	Document number		
5. (a)	FORSYTHE, ROBERT S Registered Agent and Registered Office sho	own on the records of th	ne Florida Dept-of	State.		
	1600 EAST 8TH AVENUE S Registered Office Address (MUST BE I	UITE A132-D			· 20	
	TAMPA	, FL	33605		1023 FEB 24	
(b)	Capitol Corporate Services,	Inc.	060	<del></del>	- \$± 24	
	Enter name of NEW Registered Agent and	For NEW Registered	Office adults.		SE A	
	515 East Park Avenue 2nd F	=1				
	NEW Registered Office Address:	<u> </u>		- <del></del>	:16	
	Tallahassee	,FL_	32301			
the ch	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a zere authorized by an affirmative vote idea of organization or the operating	a street address of Florida limited lia of the members o	the registered to bility company I the limited lia	it is hereby confirmed the bility company or as other	at the change(s)	
Sign	attin of a mount prominerized representative	e of a member	Robe	Printed or typed name of		
the ob	eby accept the appointment as registe ions of all statutes relative to the pro- ligations of my position as registered rely reflect a change in the registered at in writing of this change.	d agent as provided d office address, I h	d for in Chapte hereby confirm	r 605, F.S. ()r, if this doc that the limited liability c	to comply with the liar with and accept ument is being filed ompany has been	
3,	- Parluti			istant Secretary on	C	
Signature of Registered Agent behalf of Capitol Corporate Services, Inc.						
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00						

INHS18 (2/14)