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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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LLC REGISTERED AGENT CHANGE KISSIMMEE LEASED HOUSING ASSOCIATES LP II, 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 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.

I. Na	me of the limited liability company: Kissimmee Leased	d Housin	g Associates	ELP II, LLC
2. (a)	2905 NORTHWEST BLVD., STE. 150		2905 NO	RTHWEST BLVD., STE. 150
(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)
	PLYMOUTH, MN 55441	_	PLYMOU	FTH, MN 55441
		_		
	10/04/2021	-	M21000013	3061
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	REGISTERED AGENT SOLUTIONS, INC.			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	te.
	155 OFFICE PLAZA DR., STE, A			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(S)</u>	
				7 2
(b)	TALLAHASSEE, FL	32301		2021 OC
	C T Corporation System			FILED 2021 OCT 11 PM 12: 36 ALL ANALYSEEL FLORID
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		P#1	
				2: 3 7/1 0/81
	NEW Registered Office Address:			&
	1200 South Pine Island Road			_
	Plantation, FL	33324		_
the cha agent was/w theart	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the organization or the operating agreement of the	the reg ability of the linited	istered offi company, it mited liabil liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
	Moorhouse	<u>М</u> а	ırkS.Moorh	ouse, Senior Vice President Printed or typed name of signce
There provis the obsto mer notifie	WHEREmember or authorized representative of a member by accept the appointment as registered agent and ag ligations of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change. C'T Corporation System—by Kaity Toan, Asst. Secretary ire of Registered Agent	ra för in hereby	ct in this ca nance of m Chapter of confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed of the limited liability company has been