M21000013679

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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AB

CORPORATION SERVICE COMPANY
1201 Hays Street

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 586508 7391888						
AUTHORIZATION : Charles of the control of the contr						
COST LIMIT : \$ 25.0						
ORDER DATE : August 8, 2024						
ORDER TIME: 12:34 PM						
ORDER NO. : 586508-010						
CUSTOMER NO: 7391888						
CHANGE OF AGENT						
NAME: FIRST PORTFOLIO VENTURES II, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Shauna Godbolt 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.	Na	me of the limited liability company: FIRST PORTI	FOLIO VE	ΞN	TURES II, LLC
2	(a)	3091 Governors Lake Dr Ste 500		(b)	3091 Governors Lake Dr Ste 500
٥.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Peachtree Corners, GA 30071			Peachtree Corners, GA 30071
		10/07/2021		ļ	M21000013679
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)	C T Corporation System			
٥.	(4)	Registered Agent and Registered Office shown on the records	of the Florid	da I	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREE 1200 South Pine Island Road	T ADDRES	<u>(S)</u>	
		Plantation	33324	-—-	
(b)		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company	ed Office a	<u>dd</u>	ress:
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee, I	L_32301		
cha age wa	inge ent w s/we	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne register liability c s of the lir	red on nit	office and the business office of the registered inpany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
/s/	Mary	Maloney	Ma	ıry	Maloney
- 5	Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisie obli mere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provia ly reflect a change in the registered office address. I'in writing of this change.	e perforn led for in	iar Ch	nce of my duties, and I am familiar with and accept apper 605. F.S. Or, if this document is being filed

Shauna Godbolt _____