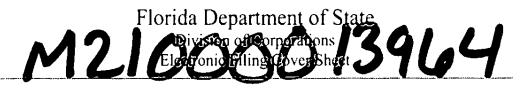
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC REGISTERED AGENT CHANGE TREEHOUSE 4409 E, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Treehouse 4409 E, LLC				
		Name of Limi	ted Liability Company		
Dear Sir or N	Aadam:				
The enclosed	Registered Agent/Registere	ed Office Change	e and fee(s) are submitted for filing.		
Please return	all correspondence concern	ing this matter to	o the following:		
Mary Castillo)				
	Name of Person				
Registered Ag	gent Solutions, Inc.				
	Firm/Company				
Corporate Cer	nter One, 5301 Southwest Pkwy	y, Ste 400			
	Address		·		
Austin, TX 78	3735				
	City/State and Zip C	ode			
E-mail	address: (to be used for futu	re annual report	notification)		
For further in	formation concerning this n	natter, please cal	1:		
Mary Castillo)	888 at (705-7274		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi: P.O.	stration Section sion of Corporations Box 6327 shassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	osed is a check for the follo	owing amount:			
□ \$2	5 Filing Fee	1	S55 Filing Fee & Certified Copy		

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.

. (a)	251 LITTLE FALLS DRIVE	(b) 26	41 NE 33RD ST	TREET		
,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	WILMINGTON, DE 19808	FT —	. LAUDERDAI	LE, FL 33306		
	10/21/2021	M21	000013964			
	Date of filing/registration in Florida	4,	Docum	nent number		
. (a)	CORPORATION SERVICE COMPANY					
. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept	of State:			
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
	TALLAHASSEE ,FL 32301-2525				7	
(4)	Registered Agent Solutions, Inc.			三分の	5	*
(b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:				724 OCT 29	FIA.
	2894 Remington Green Ln.				7	
					Ä	4.
	NEW Registered Office Address:			• • • •	6	
	NEW Registered Office Address: Ste. A				©	
		FL_32308		및 1.1 - 1	6	
hange gent w /as/we	Ste. A	FLlaws of the State he registered off liability compa- s of the limited	fice and the bu ny, it is hereby liability compa	is hereby confirme siness office of the confirmed that the	ed the reg	istered ange(s)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst. Secretary
Signature of Registered Agent