M21000016458

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



200399614362

2023 AFR -3 AH 10: 01



APR - 4 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 620741 8374407 | | | | | | |
| AUTHORIZATION : Symbolic man | | | | | | |
| COST LIMIT : \$125/00 | | | | | | |
| ORDER DATE: March 29, 2023 | | | | | | |
| ORDER TIME : 9:46 AM | | | | | | |
| ORDER NO. : 620741-012 | | | | | | |
| CUSTOMER NO: 8374407 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| NAME: TAILWIND 109 TOWER, LLC | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| CONTACT PERSON: Alexxis Weiland-sorenson | | | | | | |
| 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. | Name of the limited liability company: TAILWIND 109 TOWER, LLC | | | | | |
|----------------------------------|--|--|---|-------------------------------------|--|--|
| 2. (a | 530 SOUTH FRONT STREET, SUITE 100 | (b) 50 | (b) 530 SOUTH FRONT STREET, SUITE 100 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MANKATO, MN 56001 | | | |
| (| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | | |
| | MANKATO, MN 56001 | | | | | |
| | 12/07/2021 | M2 | 21000016458 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (| a) | | | | | |
| | a) | s of the Florida Dep | it, of State: | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | | | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | ~ | | |
| | PLANTATION | FL_33324 | | ** # 2023 AFR | | |
| (b | | | | ズ <u>*.</u> ・ い | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | red Office address | <u>\$</u> : | 3 | | |
| | Corporation Service Company | | | AH 10: 01 | | |
| | NEW Registered Office Address: | | | -2 | | |
| | 1201 Hays Street | | | | | |
| | Tallahassee | FL | | | | |
| chang agent was/ | e limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member rticles of organization or the operating agreement of the control of th | the registered of I liability compa rs of the limited he limited liabil | ffice and the business office any, it is hereby confirmed to liability company or as oth lity company. | of the registered hat the change(s) | | |
| 75/ FIII CIIIII | | | Jill Cilmi, Authorized Person Printed or typed name of signee | | | |
| I her provi the o to me | nature of a member or authorized representative of a member reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change. | agree to act in the deeperformance ded for in Chap I hereby confir | his canacity. I further agree | e to comply with the | | |
| | nace to-Kubly | Grace E. | race E. Kirby, Asst. Vice President | | | |
| Signa | ature of Registered Agent | | | | | |