Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE TH ORLANDO 8575 NE 138 LLC

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1/9/2025 13:46:22 PST. To: 18506176383 Page: 2/2 Fax: 8134365206

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. N	ame of the limited liability company:TH ORLANDO	8575 NE 138 LLC	
2. (a)		(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/15/2021		00017088
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			**********
	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	115 N CALHOUN ST. SUITE 4		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	207
			25
	TALLAHASSEE	ET 32301	7025 JAN -9
	1.		
(b)	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	<u>.</u> <u></u>
	7901 4th St N		<u>ω</u>
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg,]	33702 FL	
the cha agent v was/wi the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the member of a member or suborized representative of a member	of the registered l liability compan s of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	•		Printed or typed name of signee
provisi the obl to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change.	ite performance of ded for in Chapte I hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed that the limited liability company has been
I	David Conerts - Assistant	t Secretary	

Signature of Registered Agent