0PD 000 000 690

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

Office Use Only



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2024 JUH -7 PH 1: 09

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

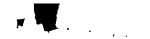
P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 06/06/2024	
Name: Patrice Rush	<u> </u>
Reference #: 2396329	<u>) </u>
Entity Name: OI-RC QOZ ZEPH	YRHILLS APARTMENTS HOLDING LLC
Articles of Incorporation/Aut	horization to Transact Business
☐ Amendment	20
✓ Change of Agent	2024 JUN -7 PM 1: 09 SECRETAS Y OF SEATTAIN SEEL FL
Reinstatement	TAS A TAS
Conversion	PM SSE
☐ Merger	7:09
Dissolution/Withdrawal	1.1
Fictitious Name	
Other	
(1) M-	5.00
Signature:	

F: 800.944,6607



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	OI-RC QOZ Zej	OI-RC QOZ Zephyrhills Apartments Holding LLC				
	Name of	Name of Limited Liability Company				
Dear Sir or Mada	um:					
The enclosed Reg	gistered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all	correspondence concerning this m	natter to the following:				
	Michael McVickar					
	Name of Person					
	Origin Investments					
	Firm/Company		71 358 574			
	121 W. Wacker Dr., Suite 1000		SET!			
	Address		三次:			
	Chicago, IL 60601		(M) (M) (M)			
	City/State and Zip Code		777			
	mcvickar@origininvestments.com		, , ,			
E-mail addr	ress: (to be used for future annual	report notification)				
For further inform	nation concerning this matter, plea					
<u> </u>	atame of Person	Area Code & Daytime Teleph	one Number			
Registrat Division Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations uilding reutive Center Circle see, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed	is a check for the following amo	ount:				
□ \$25 Fi	ling Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)



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. 8	lame of the limited liability company:	OI-RC	QOZ Zephy	rhills Apartments Holding LLC	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\\\\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	121 W. Wacker Dr., Suite 1000			121 W. Wacker Dr., Suite 1000	
	Chicago, IL 60601			Chicago. IL 60601	
	1/12/2022			M22000000690	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Registered Agent and Registered Office shown on the records				
	Registered Agent and Registered Office shown on the records	s of the Flo	orida Dept. of S	State:	
	C T CORPORATION SYSTE	EM		2	
	Registered Office Address	ET ADDR	ESS)	- SE(
	1200 South Pine Island Road				
	Plantation	. FL	33324	2024 JUN -7 PM SECRETARY OF TALLARIYSS	
(b	Cogency Global Inc.			25 P	
(b) Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:					
				जी 9	
	115 North Calhoun Street, Su	ite 4			
	NEW Registered Office Address:				
	Tallahassee	FL	32301		
the chagent was/v the ar Sign I heroprovice the of to me.	limited 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 were authorized by an affirmative vote of the member ticles of organization or the operating agreement of attree of a member or authorized representative of a member selve accept the appointment as registered agent and sions of all statutes relative to the proper and completions of my position as registered agent as provedly reflect a change in the registered office address and in writing of this change.	s of the r d liability rs of the the limit	egistered off company, limited liab ed liability of act in this c	itice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company. Michael McVickar Printed or typed name of signee apacity. I further agree to comply with the	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Kim Peters
Signature of Registered Agent