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To:	Division of Corporations Fax Number : (850)617-6383	ennien en en en en de Weldensen om de die
From:	Account Name : CAPITOL CORPORATE SERVICES, INC Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622	
annual	email address for this business entity to be use I report mailings. Enter only one email address p Address:	
<u></u>	LLC REGISTERED AGENT CHANGE THIRD LAKE CONSTRUCTION, LLC	
	Certificate of Status0Certified Copy0Page Count01Estimated Charge\$25.00	

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STATEMENT OF CHANGE OF REGISTERED OI LIMITED LIABU	FFICE OR REGISTERED AGENT OR BOTH FOR LITY COMPANY
submits the following statement in order to change its reg Florida. THIRD LAKE	6, Florida Statutes, the undersigned limited liability company gistered office or registered agent, or both, in the State of CONSTRUCTION, LLC
1. Name of the Limited Liability Company:	
2. (a) 1600 EAST 8TH AVENUE SUITE A132-D	(b) 1600 EAST 8TH AVENUE SUITE A132-D
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
TAMPA, FL 33605	TAMPA, FL 33605
1/25/2022	M22000001194
3. Dats of filing/registration in Florida	4. Document number
5. (a) FORSYTHE, ROBERT S	
5. (a) <u>FORSTTILL</u> RODERTO Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State;
1600 EAST 8TH AVENUE SUITE A132-D	
Registered Office Address <u>CHLIST BE FLORIDA STREET</u>	ADDRESS)
	L 33605
(b) Capitol Corporate Services, Inc.	
Enter name of NEW Repietered Armt and/or NEW Repirtered	t Office address
CAE East Back Avenue 2nd El	YER -
515 East Park Avenue 2nd Fl	
<u></u>	<u>ت</u> م
	α)
Tallahassee	L 32301
the change or changes are made, the Florida street address of	two of the State of Florida, it is hereby confirmed that after $\sum_{i=1}^{n} f_{i}$ is hereby confirmed that after $\sum_{i=1}^{n} f_{i}$ is hereby confirmed that the change(s) $\frac{1}{2}$ of the limited liability company or as otherwise provided in \cdots e limited liability company.
Late 1	Notert 5 Forsythe Printed or typed name of signee
Signature of a member or uthorized representative of a member I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Brian F	Radecki, Assistant Secretary on Fof Capitol Corporate Services, Inc.
Division of Corporations+ P.O. I	Box 6327. Tallahassee, FL 32314 FEE: \$25.00
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