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(((H23000069829 3)))



H230000698293ABC6

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 : (800)432-3622 Fax Number

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## LLC REGISTERED AGENT CHANGE THIRD LAKE PE I GP, LLC

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## (((H23000069829 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua suhmits	nt to the provisions of sections 605.0114 or 6 the following statement in order to chang	605.0116. Florida Statutes, the undersigned limited liability company e its registered office or registered agent, or both, in the State of	
Florida	THIRD	LAKE PE I GP, LLC	
1. Nan	ne of the Limited Liability Company:		
2 (a) '	1600 EAST 8TH AVENUE SUITE A	32-D (b) 1600 EAST 8TH AVENUE SUITE A132-D	
2. (a) .	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: Mailing address of limited habitity company:	
	TAMPA, FL 33605	TAMPA, FL 33605	
	3/21/2022	M22000004237	
3.	Date of filing/registration in Florida	4. Document number	
	FORSYTHE, ROBERT S		
5. (a)	Registered Agent and Registered Office shown on the	records of the Florida Dept of State.	
	1600 EAST 8TH AVENUE SUITE A	-: • · · · · · · · · · · · · · · · · · ·	
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	
		21 21	
		FIL 33605	
	TAMPA	, FL_33 <u>605</u>	
	O it t Comments Consisted Inc	FL 33605 SSC Registered Office address:	
(b)	Capitol Corporate Services, Inc.  Enter name of NEW Registered Agent and/or NEW I	Registered Office address:	
	Enter hank of [17,7]	<del></del>	
	515 East Park Avenue 2nd Fl		
	NEW Registered Office Address:		
	<del></del>		
	Tallahassee	,FL_32301	
the cha	inge or changes are made, the rionda street a	er the laws of the State of Florida, it is hereby confirmed that after ddress of the registered office and the business office of the registered limited liability company, it is hereby confirmed that the change(s) tembers of the limited liability company or as otherwise provided in control of the limited liability company.	
THE Upon	711	Robert S. forstibe	
Signa	the of a flering authorized representative of a mem	her Printed or typed flame of signee	
the obj	by accept the appointment as registered agentions of all statutes relative to the proper and ligations of my position as registered agent active reflect a change in the registered office at din writing of this change.	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and accept s provided for in Chapter (115, F.S. ()r, if this document is being filed address, I hereby confirm that the limited liability company has been	
3,	- Interi	Brian Radecki, Assistant Secretary on	
Signatu	tre of Registered Agent	behalf of Capitol Corporate Services, Inc.	
Division of Corporations   ◆ P.O. Box 6327   ◆ Tallahassee, FL 32314			

FILING FEE: \$25.00 (((H23000069829 3)))