Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000069853 3)))



H230000698533ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | | | |
|---------|------------------|--|----------|----------|
| | Division of Co | rporations | | |
| | Fax Number | : (850)617-6383 | | |
| From: | | | | |
| | Account Name | : CAPITOL CORPORATE SERVICES, INC. | | |
| | Account Number | : I20160000048 | | |
| | Phone | : (800)345-4647 | ; | 2 |
| | Fax Number | · · · · · · · · · · · · · · · · · · · | <u> </u> | 23 |
| | | , , | Γ. | 71 |
| | | | | 2023 FEB |
| Enter t | he email address | for this business entity to be used for future | e 🚞 . | N |
| annu | al report mailin | gs. Enter only one email address please.** | S | 24 |
| • | | , | တင | _ |
| Emai | l Address: | | (T) + | <u> </u> |
| Cilia I | | | m, | |

LLC REGISTERED AGENT CHANGE THIRD LAKE RE SFR II GP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



(((H23000069853 3)))

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

| sub | rsua mits rida | nt to the provisions of sections 603.0114 or 605.0116 the following statement in order to change its re THIRD LAKE | gisiere | a office or reg | gistered agent, or o | ed liability oth, in the | company State of | 기 |
|--|-------------------------------|---|--|-------------------------------------|--|-----------------------------|---|---|
| | | ne of the Limited Liability Company: | L (\ L | Of ICH OF, | | | | |
| | | 1600 EAST 8TH AVENUE SUITE A132-D | (b) 1600 EAST 8TH AVENUE SUITE A132-D | | | | | |
| 2. | (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | |
| | | TAMPA, FL 33605 | | TAMPA, | , FL 33605 | | | |
| | | 3/21/2022 | | M22000 | 0004238 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. | (a) | FORSYTHE, ROBERT S Registered Agent and Registered Office shown on the records of | f the Flo | rida Dept. of State | :: | | | |
| | | 1600 EAST 8TH AVENUE SUITE A132-D |) | | | •- | 20. | |
| Registered Office Address MILIST RE FLORIDA STREET A | | | | ESS) | | <u> </u> | 23 F.E | |
| | ሌ ነ | TAMPA, F Capitol Corporate Services, Inc. | | | | LAHASSEE | 2023 FEB 24 AM 8: 1 | |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registere | d Office | e address: | | FL | 8: 17 | (|
| | | 515 East Park Avenue 2nd FI | | | | | _ | |
| | | NEW Registered Office Address | | | | | | |
| | | | | , | • | | | |
| | | Tallahassee,F | L <u>32</u> | 301 | | | | |
| the ag | ent v | imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members rejes of organization or the operating agreement of the | liabilit of the | y company, it i limited liabilit | s hereby confirmed to y company or as other | that the cha | ngc(s) | l |
| | 4 | 111 | _ | Nobert | S. FORSYAL | | | |
| pr the to no | ovis. e ob mer tifie | have be an over a nuthorized representative of a member by accept the appointment as registered agent and agins of all statutes relative to the proper and completing the statutes of my position as registered agent as provided the proper and completing the reflect a change in the registered office address, and in writing of this change. | led for I herel | in Chapter 60: sy confirm that | Printed or typed fame of active. I further agree duties, and I am fam 5, F.S. Or, if this doe the limited trability and Secretary on | to someth | y with the and accept eing filed as been | ľ |
| 2 | | | | | orate Services, Ir | nc. | | |
| .,, | E 1.0 () | Division of Corporations P.O | | | | | | |
| | | FILING | FEE: | \$25.00 | | | | |

INHS18 (2/14)