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Division of Corporations

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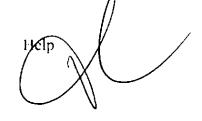
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 60 submits the following statement in order Florida.	r to change ils reg	isterea office	ites, the undersigned lim or registered agent, or FAMILY V GP, LLC	thorn, in true	ompan State o	у У <u>f</u>
1. Name of the Limited Liability Compan		IL WOLT	TANNET VOI, ELV	•		
2. (a) 1600 EAST 8TH AVENUE Principal office address of limite (Note: MUST BE STREE	SUITE A132-D d liability company:	(b) 1600 EAST 8TH AVENUE SUITE A132-D Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)				
TAMPA, FL 33605		TAN	иРА, FL 33605			-
3/21/2022 3. Date of filing/registration	n in Florida	<u>M22</u>	2000004242 Document number	<u> </u>		-
5. (a) FORSYTHE, ROBERT S Registered Agent and Registered Office:		he Florida Dept.	of State:			
1600 EAST 8TH AVENUE Registered Office Address (MUST B	SUITE A132-D EFLORIDA STREET /	IDDRESSI				
TAMPA	,FL	33605		TALL!	2023 FEB 24	-10
(b) Capitol Corporate Services Enter name of NEW Registered Agent	s, Inc. and/or <u>NEW Registered</u>	Office address:	_ 	LAHASSE	24 AM	
515 East Park Avenue 2nd NEW Registered Office Address:	i Fl			STAT Esfet	H 8: 16	0
Tallahassee	, FL	32301	-			
If the limited liability company is not or, the change or changes are made, the Floragent will be identical. Or, in the case o was/were authorized by an affirmative v the prices of organization or the operation	f a Florida limited li	ability compan	ny, it is hereby confirmed iability company or as o	d that the chan	ge(s)	ed
TIII		_ROD	ert S. Forsy 1			_
Signature it is a suthorized tepresent I herefy accept the appointment as regiptovisions of all statutes relative to the the obligations of my position as registe to merely reflect a change in the register notified in writing of this change.	stered agent and ag proper and complete red agent as provide red office address, I		is capacity. I further ag of my duties, and I am fo er 605, F.S. Or. if this o n that the limited liabilit	gree to comply amiliar with an document is be ty company has	with the id acce ing file s been	e pt d
Bin- Partieti			sistant Secretary of			
Signature of Registered Agent			Corporate Services,	1116.		
Division of C	orporations • P.O.	Box 6327⊕ Ta	dlahassee, FL 32314			

INHS18 (2/14)

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