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Division of Corporations

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Account Number : I20160000048

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LLC REGISTERED AGENT CHANGE THIRD LAKE RE VALUE-ADD OFFICE III GP, LLC

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

Pursu submit Florid	ant to the provisions of sections 605.0114 is the following statement in order to claim. TH	iange ils regis	iterea ojjice o	les, the undersigned limit or registered agent, or t -ADD OFFICE III G	oin, in the sta	pany te of
1. Na	me of the Limited Liability Company:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ,=			
2 (.)	1600 EAST 8TH AVENUE SUITE	A132-D	(h) 160	DEAST 8TH AVENU	JE SUITE A1	32-D
Z. (a)	Principal office address of limited liability (Note: MUST BE STREET ADDR	company:	. (0)	Mailing address of limitor (Note: MAY BE POS)	d liability company	
	TAMPA, FL 33605		TAM	1PA, FL 33605		
	3/21/2022			000004244		
3.	Date of filing/registration in Flo	rida	4.	Document number		
5. (a)	FORSYTHE, ROBERT S		 _			
	Registered Agent and Registered Office shown or		e Florida Dept. o	f State:	, r	~
1600 EAST 8TH AVENUE SUITE A132-D				ial.	22 22	
	Registered Office Address (MUST BE FLOR	<u>IDA STREET AI</u>	ODKESSI		((((((((((ט "
(b)	TAMPA Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or N	, FL			redzy Aff 8: j Luaioasses fl	
					F	1
	515 East Park Avenue 2nd Fl					
	NEW REgistered Office Address.					
	Tallahassee		32301 _			
the ch	limited liability company is not organized ange or changes are made, the Florida strewill be identical. Or, in the case of a Florwere authorized by an affirmative vote of the class of organization or the operating agree	eet address of the ida limited lial he members of	ne registered bility company the limited li	y, it is hereby confirmed to ability company or as other	that the change(5)
uic ai	1.11		Robe	ct 5. forsythe		
I here provise the obtained in mean notification.	ature of a member of authorized representative of a eby accept the appointment as registered a sions of all statutes relative to the proper obligations of my position as registered age rely reflect a change in the registered office and in writing of this change.	agent and agre and complete p nt as provided ce address, I h	for in Chapte ereby confirm	Printed of typed name is capacity. I further agree of my duties, and I am fan for 605, F.S. Or, if this do that the limited liability is said.	a to comply with	h the ccept filed en
	Twelse to			orporate Services, li	nc.	
p	Division of Corpora					
	Division of Carborn	FILING FE	E: S25.00			

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