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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

: (800)345-4647

Phone Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema	i	٦	Address:	
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LLC REGISTERED AGENT CHANGE THIRD LAKE OP RETURN STRATEGY III GP, LLC

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

Pursua submits	s the following statement in order to char	r 605.0116, Florida Statutes, the undersigned limited liability companyinge its registered office or registered agent, or both, in the State of
Florido	^{z.} THIR	RD LAKE OP RETURN STRATEGY III GP, LLC
1. Nar	ne of the Limited Liability Company:	
2 (a)	1600 EAST 8TH AVENUE SUITE	A132-D (b) 1600 EAST 8TH AVENUE SUITE A132-D
z. (a)	Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	ompany: Mailing address of limited liability company:
	TAMPA, FL 33605	TAMPA, FL 33605
	3/21/2022	M22000004247
3.	Date of filing/registration in Florid	da 4. Document number
5 (a)	FORSYTHE, ROBERT S	
5. (a)	Registered Agent and Registered Office shown on the	re records of the Florida Dept. of State:
	1600 EAST 8TH AVENUE SUITE	A132-D ~
	Registered Office Address (MUST BE FLORID	
		PASTREET ADDRESS) , FL 33605 , FL 33605
	TANCA	
	TAMPA	- Int.
(b)	Capitol Corporate Services, Inc.	
(0)	Enter name of NEW Registered Agent and/or NEV	W Registered Office address:
		<u> </u>
	515 East Park Avenue 2nd FI	
	NEW Registered Office Address:	
	Tallahassee	,FL_32301
the ch	ange or changes are made, the Florida street	nder the laws of the State of Florida, it is hereby confirmed that after taddress of the registered office and the business office of the registered a limited liability company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise provided in ment of the limited liability company.
-	ν_{\perp} ν_{\perp}	11 whert S. Farsythe _
	at tre of a there her or authorized representative of a m	ember Printed of types hante of signed
the ob	eb), accept the appointment as registered ag sions of all statutes relative to the proper an iligations of my position as registered agent rely reflect a change in the registered office ed in writing of this change.	ent and agree to act in this capacity. I further agree to comply with the discomplete performance of my duties, and I am familiar with and accept as provided for in Chapter 605. F.S. Or, if this document is being filed address, I hereby confirm that the limited liability company has been
	Include:	Brian Radecki, Assistant Secretary on
Signat	ure of Registered Agent	behalf of Capitol Corporate Services, Inc.
	Division of Corporation	ons • P.O. Box 6327 • Tallahassee, FL 32314

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