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Division of Corporations

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From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 Phone : (800)345-4647

Fax Number : (800)432-3622

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## LLC REGISTERED AGENT CHANGE THIRD LAKE RE PH DEVELOPMENT IV GP, LLC

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## (((H23000069846 3)))

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

Pursuo submit Floridi	on to the provisions of sections 605.0114 or 605.0116, s the following statement in order to change its reg	usterea office o	ves, the undersigned limit or registered agent, or b VELOPMENT IV GP	ioin, in the state of			
	me of the Limited Liability Company:	REFIDE	VECOPINENT IV OF	, 220			
		100	O FACT OTH AVENU	LE SUITE A132-D			
2. (a)	1600 EAST 8TH AVENUE SUITE A132-D Principal office address of limited liability company:	(b) 1600 EAST 8TH AVENUE SUITE A132-D  Mailing address of limited liability company:					
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST				
	TAMPA, FL 33605	TAMPA, FL 33605					
	3/21/2022	<u>M22</u>	000004248				
3.	Date of filing/registration in Florida	4.	Document number				
5 (a)	FORSYTHE, ROBERT S						
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept o	f State;				
	1600 EAST 8TH AVENUE SUITE A132-D						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		44			
			<del></del>	70Z:			
	TAMPAFL	33605		2023 FEB			
	IAMPA	. • • • • •	•	<u> </u>			
<i>ው</i> ን	Capitol Corporate Services, Inc.			24 HAS			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		Sign 🕦			
				رين <b>د</b>			
	515 East Park Avenue 2nd Fl			8: 17			
	NEW Registered Office Address:			7			
		22201					
		32301	- <del>-</del>				
the ch	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- cere authorized by an affirmative vote of the members of the sof organization or the operating agreement of the	ability company	y, it is hereby confirmed ability company or as oth	that the change(s)			
	7+11	Robe	rt 5. FO(SVH)	·e			
Sign	after of a thefater or authorized representative of a member		Printed or typed name				
the obto	eb) accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ed for in Chapte hereby confirm	er 605, F.S. Or, if this do that the limited liability	e to comply with the viliar with and accept cument is being filed company has been			
			sistant Secretary on orporate Services, li	nc			
Signat							
	Division of Corporations● P.O. FILING F	Box 6327+ Tai EE: \$25.00	Hanassee, r 1, 32314				

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