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## **COVER LETTER**

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: Venetian TIC Holder IX, LLC Name of Limit	ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Lisa Jutz		
Name of Person	<del></del>	
MLG		
Firm/Company		
19000 W. Bluemound Rd.		
Address	<del></del>	
Brookfield, WI 53045		
City/State and Zip Code		
ljutz@mlgcompanies.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
	262 ) 364-5518	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amoun	ıt:	
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 8	lame of the limited liability company: Venetian TI	C Holder	IX, LLC
2. (a)	19000 W. Bluemound Rd.	(h)	19000 W. Bluemound Rd.
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(%)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Brookfield, WI 53045	<u> </u>	Brookfield, WI 53045
	April 20, 2022		M22000006145
3.	Date of filing/registration in Florida	4.	Document number
5. (a	The Bridlewood Real Estate Company		
o, (	Registered Agent and Registered Office shown on the records of	the Florida L	Dept. of State:
	303 N Saint Claire Abrams Ave		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESSI	<del></del>
		117 17 11 12 13 13 1	
			<del></del>
	Tavares, FL	32778	s 2
			124 TA
(b)	InCorp Services, Inc.		FA
	Enter name of NEW Registered Agent and/or NEW Registered	Office addi	SECKE JAKY
	24504 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		SSES TOF TO
	3458 Lakeshore Drive NEW Registered Office Address:		
	NEW Registered Office Address.		2: 08 STATE E. FL
	Tallahassee , FL	32312	
chang agent was/v	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lievere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered ibility com of the limit	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		Jar	mes Mueller
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I had writing of this change.  Melanie Galero on behalf of InCorp S	performan I for in Ch iereby con	nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Registered Agent