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H230002236643ABC

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From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104

Phone : (302)674-4089

Fax Number

: (302)674-5266

Mater the email address for this business entity to be used for future

annual	report	mailings.	Enter	only	one	email	address	please.	. **

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LLC REGISTERED AGENT CHANGE TANGLEWOOD HILLS PARTNERS LLC

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M. SOLOMON

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H2300022366 3

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.

a) _	C/O DEL ORO LEASING OFFICE		(b	C/O DEL	ORO LEASING OFFICE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ν		Mailing address of limited liability company:
	7001 NW 16TH STREET			7001 NW	(Note: MAY BE POST OFFICE BOX) 16TH STREET
	PLANTATION, FL 33313-5270				TION, PL 33313-5270
	MAY 11, 2022	_			340
-	Date of filing/registration in Florida		_	VI22000007:	
a) _	C T CORPORATION SYSTEM	4.			Document number
	Registered Agent and Registered Office shown on the records of the	he Flor	ida :	Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET A. 1200 SOUTH PINE ISLAND ROAD	DDRE	(22		
	PLANTATION , FL	33324			ا رقبي ا
) [NRAI SERVICES, INC.				1 1 2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office	add	(5)	GESTATE
1	NEW Registered Office Address:				•
-	1200 SOUTH PINE ISLAND ROAD			 .	
1	PLANTATION ,FL 3	3324			
e o wil vere tich	nited liability company is not organized under the laws or changes are made, the Florida street address of the rell be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of es of organization or the operating agreement of the limited liable.	egiste ility o the li mited	red om mite lia	office and pany, it is l ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	e of a member or authorized representative of a member	-			Printed or typed name of signce
by ion	accept the appointment as registered agent and agree is of all statutes relative to the proper and complete pe attons of my position as registered agent as provided for reflect a change in the registered office address, I her naviting of this change.	to ac	t in ian Chi	this capac ce of my du	city. I further agree to comply with the titles, and I am familiar with and accepts. Or, if this document is being file.

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

Signature of Registered Agent