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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089 Fax Number

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## LLC REGISTERED AGENT CHANGE MADISON TANGLEWOOD LLC

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M. SOLOMON JUN 2 6 2023

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## 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, Flortda 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. N	ame of the limited liability company: MADISON TANG	LEW	OOD LLC		
2. (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)  7001 NW 16TH STREET	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 16TH STREET	
	PLANTATION, FL 33313-5270	_	PLANTA	TION, FL 33313-5270	
	MAY 11, 2022		M2200000	7362	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	C T CORPORATION SYSTEM				
	Registered Agent and Registered Office shown on the records of the  Registered Office Address				20
	PLANTATION , FL 3:	3324	<del></del>	10.50; - 10.50; 10.50; 10.50;	2023 JUN
(0).	NRAI SERVICES, INC.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>		•	ASSEELEL DRI ASSEELEL DRI ASSEELEL DRI	23 PH I2:
	NEW Registered Office Address:			. Dri	81
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION , FL 33	324		•	
agent wi	nited liability company is not organized under the laws of changes are made, the Florida street address of the reguli be identical. Or, in the case of a Florida limited liabil a authorized by an affirmative vote of the members of the so of organization or the operating agreement of the lim	gister lity co he lin lited	ed office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	he
Signatu	to of a member or authorized representative of a member			Printed or typed name of signee	_
I hereby provision he oblig o merel	accept the appointment as registered agent and agree to a complete per actions of my position as registered agent as provided for reflect a change in the registered office address, I here in writing of this change.	to act form or in ( oby co	t in this capa ance of my d Chapter 605, onfirm that th		; of d
Signature	of Registered Agent				

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