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(shown below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

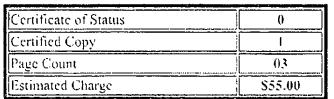
Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

nail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KISSIMMEE LEASED HOUSING ASSOCIATES III, LLC



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Help

T. LEMIEUX MAY 05 2023

From: David Thomas

DocuSign Envelope ID: 08FA144C-62F4-461E-9495-73C1A84A5737

To:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida l	Department of	
State: Kissimmee Leased Housing Associates III	. LLC		_
Enter new principal office address, if applicable:			_
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- -
2. The Florida document number of this limited lis	ability company is: M220000092	24	_
3. Jurisdiction of its organization: Minnesota			_
4. Date authorized to do business in Florida: 6/13	/2022		_
SECTION II (5-9 complete only the applicable	changes)		
New name of the limited liability company:	t contain "Limited Liability Co	mpany, " "L.L.C.," or "L1.©	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	naging members adopting the a		
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our record ddress here:	ls, enter the name of the new	Λ. [] : t
Name of New Registered Agent:			છ
New Registered Office Address:	Enter Floria	la Street Address	_
		Florida	_
	City	. Florida <u>Zip Code</u>	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen- the provisions of all statutes relative to the proper	nt and agree to act in this capa		

the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited

liability company has been notified in writing of this change.

■ - Page; 5 of 5

<u>Name</u>	<u>Address</u>	Type of Acti
Mark S. Moorhouse	2905 Northwest Boulevard, Suite 150	≣ ∧d
	Plymouth, MN 55441	□Ren
Devon Quist	2905 Northwest Boulevard, Suite 150	= Ad
	Plymouth, MN 55441	□Ren
		Dad
		□Ren
		□Ren
		□Ad-
ed amendment(s), duly authenticated	by the official having custody of records in the	□Ren
	Devon Quist Devon Quist Certificate, if required: no more than Sized amendment(s), duly authenticated ander the Talker Willen this entity is organized.	Plymouth, MN 55441 Devon Quist 2905 Northwest Boulevard, Suite 150 Plymouth, MN 55441 Plymouth, MN 55441 Plymouth, MN 55441 Plymouth, MN 55441