CAPITOL SERVICES

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | Division of Co | orporations | | | | |
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| | Fax Number | - | | | | |
| From: | | | | | | |
| | | : CAPITOL CORPOR r : 120160000048 | ATE SERVICES | , INC. | | |
| | Phone | : (800)345-4647 | | | | |
| 5 | Fax Number | : (800)432-3622 | | | | |
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Electronic Filing Menu

Corporate Filing Menu

Help

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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, Florida Statules, 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.

| Name of the Limited Liability Company: |)1 Casa Mirella Way LLC | |
|--|--|---|
| 2. (a) <u>401 Congress Ave, Suite 32</u> Principal office addream of limited liabilit (Note: MUST BE STREET ADD) | ty company; Mailing address of limited liability e | |
| AUSTIN, TX 78701 | AUSTIN, TX 78701 | |
| 07/08/2022 3. Dato of filing/registration in Fic | arida 4. Document number | |
| s. (a) Brittani, French | | |
| D. (a) DIR(Cari), FTCJIOII Registered Agent and Registered Office shown or | as the records of the Florida Dept. of State: | |
| 515 EAST PARK AVENUE Registered Office Address <u>MUST DE FLOR</u> | | ~ |
| TALLAHASSEE | , FL_32301 | 2023 NOV |
| (b) <u>Capitol Corporate Services, Inc.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | | F 127 |
| 515 East Park Avenue 2nd Fl | | РН |
| <u>NEW</u> Registered Office Address: | · · · · · · · · · · · · · · · · · · · | 2: 56 |
| Tailahassee | , FL 32301 | |
| the change or changes are made, the Florida stre agent will be identical. Or, in the case of a Flor was/were authorized by age formative use of it the articles of organization of the operating agree | d under the laws of the State of Florida, it is hereby confirmed t reet address of the registered office and the business office of th rida limited liability company, it is hereby confirmed that the cl the members of the limited liability company or as otherwise pre- eement of the limited liability company. | c registered |
| Signature of a member Synderorized representative of a | a member Printed or typied name of algebra | who with the |
| Thereby accept the appointment as registered a provisions of all statutes relative to the proper of the obligations of my position as registered age to nerely reflect a change in the registered office notified in writing of this change. | agant and correc to act in this capacity. I further agree to comp and complete performance of my duties, and I am familiar with ent as provided for in Chapter 605, F.S. Or, if this document is ice address, I hereby confirm that the limited Itability company | i and accept being filed has been |
| Bin Inchesti | Brian Radeckl, Assistant Secretary on | |
| Signature of Registered Agent | behalf of Capitol Corporate Services, Inc. | |
| Division of Corpora | ations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 | |

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INHS18 (2/14)