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LLC REGISTERED AGENT CHANGE TMT 4811-4911LYONS TECH PARKWAY, LLC

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11

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. N	Name of the limited liability company:TMT 4811-4911 Lyons Tech Parkway, LLC				
		•	(h)		
()	Principal office address of limited (Note: MUST RE STREE	I liability company:	(0/	Mailing address of limited li. (Note: MAY BE POST O	ability company:
4 En	nbarcadero Center SAN FRA	NCISCO, CA 94	111		
			4 Embaro	adero Center SAN FRA	NCISCO, CA
	09/12/2023			M23000011658	
3.	Date of filing/registration	in Florida	4.	Document number	
5. (a)	CORPORATION S	ERVICE COMP	ANY		
(,	Registered Agent and Registered Office s	hown on the records of	the Florida Dept.	of State:	
	<u> </u>				
(b)	Registered Office Address (MUST BE	<u> Florida street</u>	<u>ADDRESS)</u>		
	1201 HAYS STRE	ET TALLAHAS	SEE		20 :
		ei.	32301-25	25	NAL 1200
	C T Corporation System	, 1 1			C
	Enter name of <u>NEW Registered Agent</u> at			الله الله الله الله الله الله الله الله	.
	NEW Registered Orlice Address:	· · · · · · · · · · · · · · · · ·		· / / / / / / / / / / / / / / / / / / / _	
	1200 South Pine Island Road				
		, FL			
the cha agent v was/we	imited liability company is not orgainge or changes are made, the Florivill be identical. Or, in the case of ere authorized by an affirmative voticles of organization or the operating	da street address of a Florida limited lia te of the members o	the registered ability compan of the limited li	office and the business office y, it is hereby confirmed that lability company or as otherw	c of the registere t the change(s)
/9	s/ Austin Charles 1/17	7/2023		Austin Charles, Authorities	orized Person
	ture of a member or authorized representati	ve of a member		Printed or typed name of si	gnee
provisi the obl to mere	by accept the appointment as regist ons of all statutes relative to the pr igations of my position as registere ely reflect a change in the registere I in writing of this change.	ered agent and agr coper and complete ed agent as provided ed office address, 1)	ve to act in thi performance of d for in Chapte hereby confirm	is capacity. I further agree to of my duties, and I am familia er 603, F.S. Or, if this docum a that the limited liability com	o comply with the ir with and accep- sent is being filed spany has been
By:		Au Hallang Mere	edith Hellwig	, Assistant Secretary	

1/17/2023

Signature of Registered Agent