M240000022429

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PICK-UP WAIT MAIL								
(Business Entity Name)								
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STATE OF STATE

07/17/ZY

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 553377 7391888

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: July 16, 2024

ORDER TIME : 9:02 AM

ORDER NO. : 553377-045

CUSTOMER NO: 7391888

CHANGE OF AGENT

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NAME: FIRST FINANCIAL INVESTMENT

FUND III, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJI	FIRST FINANCIAL INVESTME	NT FUND I	II, LLC		
	Na	ame of Lim	ited Liability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered O	ffice Chang	ge and fee(s) are submitted for filin	g.	
Please	return all correspondence concerning t	this matter	to the following:		
	Name of Person				
	Firm/Company			<u>.</u>	777
	Address		<u> </u>	LARY OF SI	17 AH 10: 03
	City/State and Zip Code			ATE FL	03
E	-mail address: (to be used for future ar	nual repor	notification)		
For fur	ther information concerning this matte	r, please ca	11:		
	Name of Person	at () Area Code & Daytime Tel	lephone Nui	nber
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
	Enclosed is a check for the followin	g amount:			
	□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy				

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: FIRST FINAN	NCIAL INVES	STMENT FL	JND III, LLC			
2 (a))	(h)) <u></u>				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	3091 Governors Lake Drive Suite 500		3091 Gove	ernors Lake Drive S	Suite 5	00	
	Peachtree Corners, GA 30071-1135		Peachtree	Corners, GA 3007	1-113	5	
	02/13/2024	ı	M24000002	429			
3.	Date of filing/registration in Florida	4.		Document number		- 11	
5. (a	C T Corporation System						
J. (a	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State;				
	Registered Office Address (MUST BE FLORIDA STREET						
	1200 South Pine Island Road						
	Plantation	FL33324		2-	7074	,	
					•		
(b)			HASSI HASSI				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ress:	S CT	Ē	***		
	Corporation Service Company			EE, FL	AH 10: 03		
	NEW Registered Office Address:			بيا .	ಏ		
	1201 Hays Street						
	Tallahassee,	FL_32301					
chang agent was/v the ar	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the many Maloney	laws of the Sthe registered liability constants of the limit the limited liab	d office and npany, it is be ted liability ability compounds Maloney	the business office hereby confirmed the company or as other pany.	of the hat the erwise	e registered e change(s) e provided in	
_	ature of a member or authorized representative of a member	*******		Printed or typed name o	_		
I her provi: the ob to me notifie	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provi- rely reflect a change in the registered office address, ed in writing of this change.	igree to act i ite performan ded for in Ch I hereby cor	n this capac nce of my di- napter 605, . nfirm that th	ity. I further agree ties, and I am fami F.S. Or, if this doc e limited liability c	e to co iliar w cumen compa	omply with the vith and accept tis being filed ny has been	
Signat	ure of Registered Agent						