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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $\overline{\alpha}$:

Email Address:

LLC REGISTERED AGENT CHANGE TPG AG EHC III (LEN) MULTI STATE 3, LLC

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M. SOLOMON

OCT 2 3 2024

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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 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.	1 1 2	ame of the limited liability company: 245 Park Avenue, 26th Floor		215 Par	rk Avenue, 26th Floor			_
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b)	Mailing address of limite	-		_
		New York, NY 10167	-	New Yo	ork, NY 10167			_
		05/07/2024		M240000	005817			
3. 5	(2)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	itale:					
	(b)	PLANTATION , FL			- - -	1 · N 1 · 1 2 · 1 	2024 OCT 23	112 A T T T T T T T T T T T T T T T T T T
		Corporate Creations Network Inc				Garage Garage Garage	PH	; ; ;
		801 US Highway 1				755. 63	4: 00	
		NEW Registered Office Address:						
		North Palm Beach , FL 3	3408	}	_			
cha age was	nge nt v	imited liability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of celes of organization or the operating agreement of the li	of tegist	he State of ered office company, i imited liabi	and the business office t is hereby confirmed the lity company or as other	of the reg	istered inge(s)	
	2	strella Tavarez	E	strella Tavar	ez, Attorney-in-Fact			_
I h	erei	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree	e to e	ict in this co	Printed or typed name of apacity. I further agree	- : to compl	v with th	ť
pro the to r	visi obl nere	ons of all statutes relative to the proper and complete paigations of my position as registered agent as provided jely reflect a change in the registered office address. I he is in writing of this change.	erfoi för i reby	mance of m n Chapter 6 confirm th	ly duties, and I am Jami 05, F.S. Or, if this doc at the limited liability c	liar with a ument is b ompany h	ind acce being file as been	pt d

Signature of Registered Agony

atrella Tavarez Estrella Tavarez, Special Secretary