H240000014474

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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2025 FEB 14 AM 10: 07

2025 FEB 14 PM 3: 1



To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 02/14/25 Order #: 1826241-1

Re: 3650 REIT Holding Company LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

reside man

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations	
3650 REIT HOLDING COMPANY LL	.c
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Mark A. Jefferls	,
Name of Person	
3650 REIT HOLDING COMPANY LLC	
Firm/Company	
2977 McFarlane Road, Suite 300	
Address	
Miaml, FL 33133	
City/State and Zip Code	
compliance@3650capital.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Mark A. Jefferis	213 448-5754
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O: Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following an	nount:
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

ı.	Na	me of the limited liability company:	EIT HOLDING (<u> </u>	
2.	(a)	2977 McFarlane Road, Sulte 300		<i>(</i> ъ) ³	2977 McFarlans	e Road, Suite	300		
۲.	(ω)	Principal office eddress of limited liability com (Note: MUST BE STREET ADDRESS)	pany:	(-/-	Mailing	address of limite : MAY BE POS	ed liability com		_
		2977 McFarlane Road, Suite 300		2	977 McFarlane	Road, Suite	300		
		Miami, FL 33133		<u></u>	Miaml, FL 33133				
		11/14/2024		М					
3.		Date of filing/registration in Florida	4.		Docur	ment number	<u> </u>		_
5.	(a)								
٠.	(4)	Registered Agent and Registered Office shown on the r	ecords of the Flori	ida D	ept. of State:				
		Mark A, Jefferis		_					
		Registered Office Address (MUST BE FLORIDA S							
		2977 McFarlane Road, Sulte 300							
	Miami , FL 33133					20			
							- ,.	2025 FEB	
	(b)	Enter name of NEW Registered Agent and/or NEW R					•	E3	T
		Enter name of NEW Registered Agent and/or NEW R	tegistered Office	addr	33 :		•	=	-
		Corporation Service Company					·		ED
		NEW Registered Office Address:					- 1 .	5	
		1201 Hays Street						94 IO: 08	
		Tailahassee	, FL_32301	1			•		
chi age was the street of the to no	ent vis/we arti	imited liability company is not organized under or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the medicles of organization or the operating agreement of a member or authorized representative of a member of authorized registered agent as left reflect a change in the registered office add in writing of this change.	ss of the registermited liability embers of the limited limited the limited Motor Mo	ered com imite d lial	office and the beany, it is herebed liability company. A. Jefferis Printe	ousiness office by confirmed pany or as oth	e of the regis that the chan nerwise provi	stered age(s) ided in	
J	- unit	se at treBraces Ulem							

Division of Corporations • P.O. Box 6327 • Tallabassee, FL 32314 FILING FEE: \$25.00