## M96000000164

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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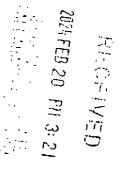


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A. RAMSEY FEB 2 2024



CORPORATION SERVICE COMPANY

CONTACT PERSON: Shauna Godbolt

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 312765 7482226
AUTHORIZATION: Charles le constant de la constant d
COST LIMIT : \$ 35.00
ORDER DATE : February 9, 2024
ORDER TIME : 10:58 AM
ORDER NO. : 312765-117
CUSTOMER NO: 7482226
CHANGE OF AGENT
NAME: SOUTH FT. MEADE GENERAL PARTNER, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

## 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.

Name of the limited liability company:	OUTH FT. MEADE G	ENERAL PARTNER, LLC
a) 101 East Kennedy Boulevard, Suite 250	ነሰ	(b) 3033 Campus Drive, Suite W400
Principal office address of limited liabili  (Note: MUST BE STREET ADD	ty company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Tampa, FL 33602		Plymouth, MN 55441-2651
05/10/1996		M9600000164
Date of filing/registration in Flo	orida 4.	Document number
(a) C T Corporation System		
Registered Agent and Registered Office shown of	on the records of the Florid	ia Dept. of State:
1200 South Pine Island Road		
Registered Office Address (MUST BE FLO)	RIDA STREET ADDRES	is Dept. of State:
Plantation	, FL33324	8 20 AH 10: 46
Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office at	ddress:
Corporation Service Company		
NEW Registered Office Address:		
1201 Hays Street		
Tallahassee	, FL	
ge or changes are made, the Florida street at will be identical. Or, in the case of a Flor were authorized by an affirmative vote of the operating agreement of the operating agreement.	nddress of the register ida limited liability co he members of the lim rement of the limited Jill	Cilmi, Authorized Person
nature of a member or authorized representative of a		Printed or typed name of signce
reby accept the appointment as registered a isions of all statutes relative to the proper a bligations of my position as registered age erely reflect a change in the registered office	igent and agree to act ind complete perform it as provided for in C e address, I hereby c	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
hed in writing of this change.	Corpor	ration Service Company
ature of Registered Agent	Ami M	. Casper, Asst. Vice President