I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: BRONWYN KELLEY

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L15000017625

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: THREE BY FIVE RETAIL ASSOCIATES, LLC

Current Principal Place of Business:

118 W ADAMS ST - STE 600 JACKSONVILLE, FL 32202

Current Mailing Address:

THREE BY FIVE 118 W ADAMS ST - STE 600 JACKSONVILLE, FL 32202 US

FEI Number: 59-2759664

Name and Address of Current Registered Agent:

SELANDER AND ASSOCIATES C.P.A., P.A. 118 W ADAMS ST - STE 600 JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both. in the State of Florida

SIGNATUF

Authorized

Title	MGR	Title	MGR
Name	SCHULTZ, CLIFFORD G II	Name	KELLEY, BRONWYN
Address	118 W ADAMS ST - STE 600	Address	118 W ADAMS ST - STE 600
City-State-Zip:	JACKSOINVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
RE:							
	Electronic Signature of Registered Agent			Date			
ed P	erson(s) Detail :						
	MGR	Title	MGR				
	SCHULTZ, CLIFFORD G II	Name	KELLEY, BRONWYN				
	118 W ADAMS ST - STE 600	Address	118 W ADAMS ST - STE 600				

that my name appears above, or on an attachment with all other like empowered. MANAGER 08/22/2023

FILED Aug 22, 2023 Secretary of State 6855509433CC

Certificate of Status Desired: Yes

Date