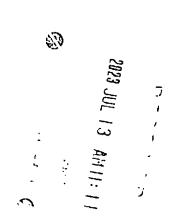
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	(Requestor's Name)						
	(Address)						
(Address)							
	(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified Copies	Certificates of Status						
Special Instruction	Filing Officer:						
RY OF S CORPOL							
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Office Use Only



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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.	Na	me of the limited liability company: GAFFNEY GILM	IARTIN	1 11	VESTOR	RS. LLC			
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	• - /		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		2151 CENTRAL AVENUE			2151 CE	NTRAL AVENUE			
		ST. PETERSBURG, FL 33713			ST. PETE	ERSBURG, FL 33713			
		10/08/2021		ı	_2100044	1352			
3.		Date of filing/registration in Florida	4.	-		Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of a CT CORPORATION SYSTEM				te:			
		Registered Office Address (MUST BE FLORIDA STREET A 1200 SOUTH PINE ISLAND ROAD	(DDRE	SS)					
			33324			_			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office a	ıdd	ress:	_	2023 JUL 13	ECEL TARY	
		NEW Registered Office Address:				_	至	200	
		1201 Hays Street				_	8: 46	TAT INT	
		Tallahassee FL	32301			_	6	,	
chage wa	ange ent w is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe bility of the li	rec on mi	l office an npany, it is ted liabilit	d the business office of the shereby confirmed that the company or as otherwise.	he registe he chang	ered e(s)	
		Xie & Conic	Jil	I C	ilmi, Autho	orized Person			
- 5	Signat	we of a member or authorized representative of a member				Printed or typed name of sig	nee		
pro the to	ovisio Pobli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	verforn	10	nce of my a	duties, and Lam familiar	with and	accept	
0.	<u> </u>	Inaca Cottubly							
		e of Registered Agent F. Kirby, Asst. Vice President							