Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000698213)))



H230006698213ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

٦		

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

: (800)345-4647

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email	Address:	 	 	 	_

LLC REGISTERED AGENT CHANGE THIRD LAKE OP RETURN STRATEGY II GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

鼍lectronic Filing Menu

Corporate Filing Menu

Help

$(((H23000069821\ 3)))$

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, submits the following statement in order to change its reg Florida.	, Florida Statutes, the undersigned limited liability company sistered office or registered agent, or hoth, in the State of OP RETURN STRATEGY II GP, LLC
1. Name of the Limited Liability Company:	Of Meronard Property
2. (a) 1600 EAST 8TH AVENUE SUITE A132-D Principal office address of limited liability company:	(b) 1600 EAST 8TH AVENUE SUITE A132-D Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
(Note: MUST BE STREET ADDRESS)	(ENAL MATERIAL OUT OF SELECTION
TAMPA, FL 33605	TAMPA, FL 33605
10/12/2021 Date of filing/registration in Florida	M21000013390 4. Document number
·	
5. (a) FORSYTHE, ROBERT S Registered Agent and Registered Office shown on the records of the shown on the sho	the Florida Dept. of State
1600 EAST 8TH AVENUE SUITE A132-D	
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS) ~
	7. ÃI
TAMPA, FL	33605 EB 24
	Office address:
(b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered	· · · · · · · · · · · · · · · · · · ·
Enter name of NEW Registered Agent and the Neparty	
515 East Park Avenue 2nd Fl	
NEW Registered Office Address:	`
Tallahassee,FL	_ 32301
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited li- was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	of the limited liability company or as otherwise provided in
7111	Robert S. forsythe
provisions of all statutes retained in the proper and con- the obligations of my position as registered agent as provide to merely reflect a change in the registered office address. I notified in writing of this change.	Printed or typed same of signee tree to act in this capacity. I further agree to comply with the experformance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or. if this document is being filed hereby confirm that the limited liability company has been
	Radecki, Assistant Secretary on for Capitol Corporate Services, Inc.
•	Box 6327 Tallahassee, FL 32314
FILING F	FEE: \$25.00

INHS18 (2/14)

(((H23000069821 3)))