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A BUTLER 1. AR 24 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

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CONTACT PERSON: Eyliena Baker

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 595920 8182938 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: March 17, 2023 ORDER TIME : 1:45 PM ORDER NO. : 595920-081 CUSTOMER NO: 8182938 CHANGE OF AGENT NAME: WILDWOOD MHC LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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.

1. N	ame of the limited liability company: WILDWOOD	MHC, LLC		
2. (a)	233 S. Wacker Drive	ϵ	_{b)} 233 S. W	acker Drive
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 4700		Suite 470	0
	Chicago, IL 60606		Chicago,	IL 60606
	03/13/2018		M1800000	2874
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI SERVICES, INC.			
()	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	of the Florid	a Dept. of State	: ::
	Registered Office Address [MUST BE FLORIDA STREET ADDRESS]			20231
	PLANTATION F	L_33324		67 P 2023 HAR 23
(b)				•
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ad	ldress:	
	Corporation Service Company			
	NEW Registered Office Address:	-		
	1201 Hays Street			
	Tallahassee F	L_32301		
agent was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registero iability co of the lim	ed office and impany, it is lited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/S/ Jill Cilmi Jill Cilmi, Autho			rized Representative	
Signature of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I lin writing of this change.	ree to act e performe ed for in C hereby co	in this capa ance of my d Thapter 605, onfirm that to	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President