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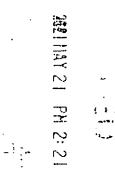
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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U5/21/21--01018--020 **25.00



O SIMMONS JUN 24 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: May 19, 2021

Order#: 820333-009

Re: COLONNADE CROSSTOWN LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \underline{XX} Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

l. Na	me of the limited liability company:	stown	LLC			.,,-
2. (a)	Colonnade Crosstown LLC		Colonnad	e Crosstown LLC		
(2)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of timited liability company: (Note: MAY BE POST OFFICE BOX)			
	2925 Richmond Avenue, Suite 1600		2925 Rich	mond Avenue, Suite	1600	
	Houston, Texas 77098	_	Houston,	Texas 77098	_	
	09/18/2019		M1900000	9055		
3.	Date of filing/registration in Florida	4.		Document number		الاستان الاستان
5. (a)					• :	100
r. (a)	Registered Agent and Registered Office shown on the records of	the Florid	ia Dept. of State	: :	• • • • • • • • • • • • • • • • • • •	<u> </u>
	CT CORPORATION SYSTEM		·		!	1
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRES	:S)			21
	1200 SOUTH PINE ISLAND ROAD					70
	PLANTATION	33324	·		• • •	- <u>-</u>
	, FL				., 1.5.	7.7
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		•	
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee, FL	32301	<u> </u>			
change agent v was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register bility c f the lir limited	red office and ompany, it is nited liability liability com	the business office of hereby confirmed the	of the regi:	stered
Simo	ture of a member or authorized representative of a member	Tro	y D. Taylor			
	· · · · · · · · · · · · · · · · · · ·			Printed or typed name of		
rovisi he obl	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete 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.	ee to ac perform I for in perchy o	t in this capa lance of my d. Chapter 605,	city. I further agree uties, and I am Jamii F.S. Or, if this docu ie limited lightlip co	to comply liar with a iment is be	with the nd accept ging filed
otifico	I'm writing of this change.		onym m man n	ic miner mazini, co	mpany na	s ocen

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

INH\$18 (2/14)