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Division of Corporations

Florida Department of State

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Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

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LLC REGISTERED AGENT CHANGE CNL FUND ADVISORS II, LLC

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K. Brumbiey

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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

| 2. (a) | No change | (b) No. | o change |
|--|--|--|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. | 03/12/2020 Date of filing/registration in Florida | M20 | 0000002874 Document number |
| 5. (a | RYAN FURMAN | | |
| (b) | Registered Agent and Registered Office shown on the records of 450 S, ORANGE AVENUE | the Florida Dep | or of State: |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | |
| | ORLANDO, FL | 32801 | 2022 |
| | C T Corporation System | | AUG CACET |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | l Office addres | |
| | NEW Registered Office Address: | | |
| | 1200 South Pine Island Road | | 32 |
| | Plantation , FI | 33324 | |
| the chagent was/v the ar | limited liability company is not organized under the la nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | ws of the Sta f the register lability comp of the limited limited liab | ed office and the business office of the registered bany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. VIS, MANAGER |
| Sign | nature was member or authorized representative of a member | | Printed or typed name of signee |
| I her provi the or to me notifi By: | reby accept the appointment as registered ugent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, I led in writing of this change. CT Corporation System Michale Holden, Asst Sact Michale Holden, Asst Sact | ree to act in e performanc ed for in Cha hereby confi | this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed irm that the limited liahility company has been |