M22000018547

(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:

RA

Office Use Only

200451919782

S. CHATHAM

JUN - 7 2025

FILED

2025 JUN -6 AM 4:45

TALLAHASSEE, FL

2025 JUN -6 PM 2:50

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 245063 8483281

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : May 20, 2025

ORDER TIME : 2:46 PM

ORDER NO. : 245063-340

CUSTOMER NO: 8483281

CHANGE OF AGENT

NAME: CRP/OZFL AUTUMN PALM OWNER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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. Name of the limited liability company: CRP/OZFL AUTUMN PALM OWNER, L.L.C.

2. (a) 1001 Pennsylvania Ave NW Suite 220 South
Washington, DC 20004
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 1001 Pennsylvania Ave NW Suite 220 South
Washington, DC 20004
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 12/13/2022
Date of filing/registration in Florida

4. M22000018547
Document number

5. (a)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
C T CORPORATION SYSTEM
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

FILED
2025 JUN -6 AM 4:45
TALLAHASSEE, FL

(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ JUSTIN PETERSEN
Signature of a member or authorized representative of a member

JUSTIN PETERSEN, AUTHORIZED PERSON
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

GRACE E. KIRBY, ASST. VICE PRESIDENT
Signature of Registered Agent

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