

M22 000018547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

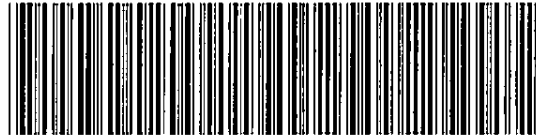
(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

JUN - 7 2025

FILED

2025 JUN - 6 AM 4:45

TALLAHASSEE, FL

2025 JUN - 6 PM 3:50

FILED

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

ACCOUNT NO. : I20000000195

REFERENCE : 245063 8483281

AUTHORIZATION :

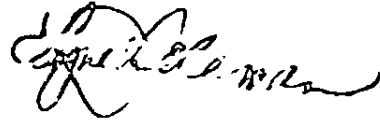
COST LIMIT : \$ 25.00

ORDER DATE : May 20, 2025

ORDER TIME : 2:46 PM

ORDER NO. : 245063-340

CUSTOMER NO: 8483281

A handwritten signature in black ink, appearing to read "James H. Miller", is written over the customer number.

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: <u>CRP/OZFL AUTUMN PALM OWNER, L.L.C.</u>	
2. (a) <u>1001 Pennsylvania Ave NW Suite 220 South</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Washington, DC 20004</u>	(b) <u>1001 Pennsylvania Ave NW Suite 220 South</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Washington, DC 20004</u>
3. <u>12/13/2022</u> Date of filing/registration in Florida	4. <u>M22000018547</u> Document number
5. (a) <u>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:</u> <u>C T CORPORATION SYSTEM</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>1200 SOUTH PINE ISLAND ROAD</u> <u>PLANTATION</u> , FL <u>33324</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee</u> , FL <u>32301</u>	

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TALLAHASSEE, FL

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.

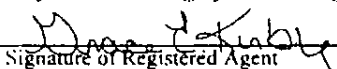
/s/ JUSTIN PETERSEN

JUSTIN PETERSEN, AUTHORIZED PERSON

Signature of a member or authorized representative of a member

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.


Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT