2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001071

Entity Name: CHANCE FLORIDA DEVELOPMENT, LLC

Current Principal Place of Business:

1800 ATLANTIC BLVD C/O CHANCE PARTNERS JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 10292 C/O CHANCE PARTNERS JACKSONVILLE, FL 32247 US

FEI Number: 27-2228323

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE | KATIE WONSCH, ASSISTANT SECRETARY | | | 04/29/2021 |
|-------------------------------|---|-----------------|-------------------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGR | Title | AUTHORIZED REPRESENTATI | VE |
| Name | BOBILIN, JUDD | Name | PRITCHARD, ELIZABETH | |
| Address | 25 N MARKET STREET STE 201 C/O CHANCE PARTNERS | Address | PO BOX 10292 C/O CHANCE PARTNERS | |
| City-State-Zip: | JACKSONVILLE FL 32202 | City-State-Zip: | JACKSONVILLE FL 32247 | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH PRITCHARD

CONTROLLER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 29, 2021 Secretary of State 6555465209CC

Certificate of Status Desired: No

Date