B10000000024

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



300372744193

2021 NOV -4 AM 11:5

PARCIONS

NOV 05 2021 I ALBRITTON 2021 :: 1: - 4 Fii 12: 15

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 156849 4328604

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: October 22, 2021

ORDER TIME : 4:04 PM

ORDER NO. : 156849-170

CUSTOMER NO: 4328604

CHANGE OF AGENT

NAME: COLE REIT III OPERATING

PARTNERSHIP, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	OPERATING PARTNERSHIP, L		
N	Same of Limited Partnership or Lim	ited Liability Limited Partnership	
2. 01/24/2011		3. <u>B11000000026</u>	
Date of filing/registration in Florida		Florida document number	
4. The name of the Department of State		office address as shown on the records of the Flo	orida
	CT CORPORATION SYSTEM	И	
	Nan	ne	
	1200 SOUTH PINE ISLAND	ROAD	:
	Addr	ess	
	PLANTATION, FL 33324		:
	City, State	and Zip	
5. The name and Flo	orida street address of the new regi	stered agent and/or office:	-
	Corporation Service Compan	у	i
	Nan	ne .	-
	1201 Hays Street		
	Florida street address (P.	O. Box not acceptable)	
	Tallahassee	FL_32301	
	City, State	and Zip	
6. Such change(s) is	Vare effective when filed by the Flo	orida Department of State.	
Ω.	8. agni	·	
Signature of Qeneral I hereby accept the a comply with the prov and I am familiar wi Signature of Registe	Partner Jill Cilmi, Authorized Po PARTNERSHIP, L.P., C appointment as registered agent and cisions of all statutes relative to the th an accept the obligations of my f	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent.	n
Filing Fee: Certified Copy (\$35.00 optional): \$52.50		