9/23/22, 4:14 PM

Division of Corporations

## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003310093)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (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.\*\*

Email Address:\_\_\_

## REGISTERED AGENT CHANGE CV NLA II LP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu Corporate Filing Menu

Help

I.

To:

DocuSign Envelope ID: 89497988-D5C4-4876-8C8D-47701F4689C3

Certified Copy (optional): \$52.50

## 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.

LCV NLA II	LP			
No	ame of Limited Partnership or	Limited Liability Limited Partnershi	ip	
2 01/24/2020		3. B2000000002	3. B20000000023	
Date of filing/registration in Florida Florida document		ent number		
4. The name of the re Department of State:	egistered agent and the register	red office address as shown on the re	ccords of the Florida	
	Corporation Servic	e Company		
		Name	s <b>2</b>	
	1201 Hays Street		<b>32</b> 72.	
	A	ddress	SEP	
	Tallahassee, FL 32	301	23 HAS	
	City, S	nate and Zip	SSV SSV V	
5. The name and Flo	rida street address of the new t	registered agent and/or office;	2022 SEP 23 AM II: 03 SECREISKY OF STATE TALLAHASSEE, FL	
	C T Corporation Sy	ystem		
		Name	iπ <b>ω</b>	
	1200 South Pine Is	land Road		
	Florida street address	(P.O. Box not acceptable)		
	Plantation	FL 33324		
	City, S	tate and Zip		
6. Such change(s) is	are effective when filed by the	e Florida Department of State.		
Parid lote Davie	l Lobe			
Signature of General	<del></del>	<u> </u>		
comply with the prov	isions of all statutes relative to	et and agree to act in this capacity. In the proper and complete performa Thy position as registered agent.	I further agree to nce of my duties,	
Sander Buyout	Sandra Zwijack, Assisti	ant Secretary		
Signature of Register	ed Agent			
Filing Fee:	\$35.00			