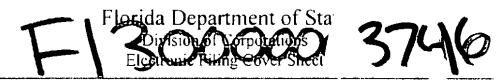
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Division of Corporations



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Division of Corporations

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From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone 407-540-7576

Fax Number 407-641-8361

**Enter the email address for this business entity to be used for future " annual report mailings. Enter only one email address please. **

Email Address:_ susana.carcasona@cnl.com

REGISTERED AGENT CHANGE CHP RAIDER RANCH TX TENANT CORP.

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G. BRUMBLEY

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H21000426987 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of Delaware der to change its registered office or registered agent, or both, in the State of Florida.	
	f the corporation: CHP Raider Ranch TX Tenant Corp.	
	al office address: 450 S. Orange Avenue, 14th Floor	
3. The mailing:	address (if different): P.O. Box 4920, Orlando, FL 32802	
	rporation/qualification: 08-30-2013 Document number: F13000003746	-
5. The name an	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	-
	Amy J. Patterson	
	450 S. Orange Avenue	7021
	Orlando, FL 32801	7021 NOV
6. The name and (if changed):	id street address of the flew registered agent (if changed) and for registered office	18 AM
		1 9:1
	450 S. Orange Avenue, 14th Floor	۲, ۲
	P.O Box NOT acceptable Orlando, FL 32801	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wa	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signalu	Tracey & Braces SIP	
I hereby accept I further agree of my duties, an document is bei corporation has	I the uppointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. Thereby confirm that the speed notified in writing of this change.	ı
	November 18, 2021 Date Notember 18, 2021	
·	ehalf of an entity:	
Tracey i	B. Bracco	
T	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tailahassee, FL 32314
CR2E045 (04/13)