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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6380

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

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REGISTERED AGENT CHANGE  
CHIP AUBURN WA TENANT CORP.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CIIP Auburn WA Tenant Corp.
2. The principal office address: 450 S. Orange Avenue, 14th Floor  
Orlando, FL 32801
3. The mailing address (if different): P.O. Box 4920, Orlando, FL 32802
4. Date of incorporation/qualification: 10-07-2013 Document number: F13000004344
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Amy J. Patterson450 S. Orange AvenueOrlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tracey B. Bracco450 S. Orange Avenue, 14th FloorP.O. Box NOT acceptableOrlando, FL 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Tracey B. Bracco SUP  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

November 17th 2019

Date

If signing on behalf of an entity:

Tracey B. Bracco

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, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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