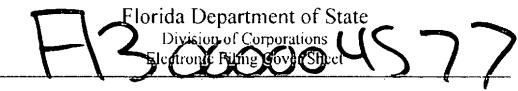
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Division of Corporations



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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 futu annual report mailings. Enter only one email address please.

Email Address: susana.carcasona@cnl.com

REGISTERED AGENT CHANGE CIIP MEDFORD-ARBOR PLACE OR TENANT CORP.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Oclaware or to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: CHP Medford-Arbor Place OR Tenant Corp.	
2. The principal Orlando, FL 328	office address: 450 S. Orange Avenue, 14th Floor 01	
3. The mailing a	address (if different): P.O. Box 4920, Orlando, FL 32802	
	poration/qualification: 10-22-2013 Document number: F13000004577	
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	Amy J. Parterson, 202	
	450 S. Orange Avenue	-
	Orlando, FL 3280:	ſ
6. The name and (if changed):	Amy J. Parterson 450 S. Orange Avenue Orlando, FL 3280: Street address of the new registered agent (if changed) and /or registered office	
	Tracey B. Bracco	
	450 S. Orange Avenue, 14th Floor	
	P.O, Box NOT acceptable	
	Orlando, FL 32801	
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.	
Signatur	e of an officer or director Trace of B. Bracco SUP	
hereby accept further agree to further agree to further agree to further agree further	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the poen notified in writing of this change.	
Sign	November 18, 2021 Notember 18, 2021 Nation	
I signing on bel	nalf of an entity;	
Tracey B.	Bracco	
1)	* * * 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)