

11/18/21, 1:50 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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

Certificate of Status	0
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C. BRUMBLEY
NOV 19 2021

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Corporate Filing Menu

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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: CHP Medford-Arbor Place OR 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: 10-22-2013 Document number: F13000004577
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. Patterson
450 S. Orange Avenue
Orlando, FL 32801

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

Tracey B. Bracco
450 S. Orange Avenue, 14th Floor
Orlando, FL 32801

P.O. Box NOT acceptable

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 18, 2021

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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