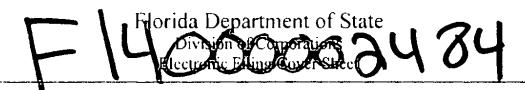
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Division of Corporations



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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 SHOREWOOD WI TENANT CORP.

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## H21000427172 3

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

statement of ch	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this shange is submitted for a corporation organized under the laws of the State of Delawate of the change its registered office or registered agent, or both, in the State of Florida.	
L. The name of	f the corporation: CHP Shorewood WI Tenant Corp.	
	al office address: 450 S. Orange Avenue, 14th Floor	
3. The mailing	address (if different): P.O. Box 4920, Orlando, F1, 32802	
	propration/qualification: 06-09-2014 Document number: F14000002484	
	artment of State: (If resigned, enter resigned)	
	Arny J. Patterson	
	Army J. Patterson  450 S. Orange Avenue	•
	Orlando, FL 32801	ſ
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered office	Ċ
	Tracey B. Bracco	
	450 S. Orange Avenue, 14th Floor	
	P.O. Box NOT acceptable	
	Orlando, FL 32801	
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	
Such change wanthorized by t	vas 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.	
Signati	Tracey B. Brace SVP	
hereby accept further agree of my duties, a locument is be corporation ha	of the appointment as registered agent and agree to act in this capacity.  It 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 am familiar with and accept the obligation of my position as registered agent. Or if this am familiar with reflect a change in the registered office address, I hereby confirm that the begin notified in writing of this change.	
Ot	November 18, 2021	
Sip	gnature of Registered Agent Date	
f signing on <b>b</b> o	chalf of an entity:	
	casona@cnl.com	
Ī	Typed or Printed Name	
	* * * 611 18/6 256. 614 00 * * *	

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)