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 F15000003532
 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

2021 NOV 17 PM 4:52

2021 NOV 17 PM 12:24

****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 GRAYSON GA TENANT CORP.**

Certificate of Status	0
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NOV 18 2021
 ALBRITTON

H21000425484-3

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 Grayson GA 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: 08-11-2015 Document number: F15000003532
- 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)

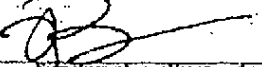
Amy J. Patterson
450 S. Orange Avenue
Orlando, FL 32801

- 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 of an officer or director

Tracey B. Bracco SVP
 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 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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