L05000064930

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)777-2094

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FLORIDA DEPARTMENT OF STATE

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TALLAHASSEE FLORIDA

REGISTERED AGENT CHANGE

COLLIER CENTER L.L.C.

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LR 03/21

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: COLLIER CENTER L.L.C.

2. The mailing address of the limited liability company is: 1316 Grand Canal Drive, Naples, FL 34110

04/21/2000 — 3. Date of filing/registration in Florida

L00000004930 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Grady E. Miers
Name

1316 Grand Canal Drive
Address

Naples, FL 34110
City, State and Zip

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TALLAHASSEE FLORIDA

6. The name and address of the new registered agent and/or officer.

NRAI Services, Inc.
Name

2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)

Weston FL 33331
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

John Hacsi
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to hereby reflect a change in the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

NRAI Services, Inc.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(NRS16(1099)) **FILING FEE: $25.00**

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