2022-08-29 13:35:05 CST

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To:

**Division of Corporations** 



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	Account Number : FCA000000023	
	Phone : (954)208-0845	ي <b>ب</b>
	Fax Number : (614)573-3996	1 <b>91</b>
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LLC REGISTERED AGENT CHANGE CNL GROUP SERVICES III, LLC				
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To:

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

. Na	me of the limited liability company: <u>CNL GROUP SE</u>	RVICES I	II, LLC		
. (a)	No change	(b)	No change	lange	
- (-)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )			tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	05/31/2005			52	
	Date of filing/registration in Florida	 4.		Document number	
	RYAN FURMAN				
. (a)	Registered Agent and Registered Office shown on the records of	:			
	450 S. ORANGE AVENUE				
	Registered Office Address (MUST BE FLORIDA STREET)				
	ORLANDO, FL	32801			
(b)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>ress</u> :		
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation, FL	33324			
ne cha gent v /as/wo	imited liability company is not organized under the lay nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the the regis ability co of the limi limited li	tered office mpany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
	nure of a member or authorized representative of a member	JOE	DAVIS, MA	NAGER Printed or typed name of signee	
-	nure of 3 member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, 1	ee to act performa d for in C	in this capa nce of my a hanter 605		
o mere otified	ely reflect a change in the registered office address, T i in writing of this change. CT Corporation System	hereby co	nfirm that t	he limited liability company has been	

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00