1/20/22, 8:58 PM Division of Corporation

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future 2

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## LLC REGISTERED AGENT CHANGE CAMPUS SUITES, LLC

Certificate of Status	U
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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Corporate Filing Menu

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## STRTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR \* LIMITED LIABILITY COMPANY \* \*

Pursuant to the provisions of sections 605.0114 or 695.0116, 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.

1. 1	Name of the limited liability company: Campus Suites 1.	I.C							
2. (a	114-60 Scarsdale Road	(b) 114-60 Scarsdale Road							
(4	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	Principal office address of limited liability company:				ibility cou FFICE 6	npany:		
	Toronto, Ontario M3B2R7			Intario M3B2R7					
	06/15/2905	_	L050000597	738					
3.	Date of filing/registration in Florida	-4.		Document nu	nher				
5. (:	SKELLEY, JEANNIE L								
J. (c	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
	Registered Office Address (MUST BE FLORIDA STREET) 100 WEST PLANT STREET 200	-							
	WINTER GARDEN, FL	34787		-					
. 1.	C T Comoration System								
(b	) Enter name of NEW Registered Agent und/or NEW Registered	•							
						22			
	NEW Registered Office Address:				•	·			
	1200 South Pine Island Road			_		:: <u>:</u>			
					•	2-	• •		
	Plantation, FL	·,		-					
the clagent	limited liability company is not organized under the lar range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg ability of of the lin limited	istered office ompany, it is nited liabilit	e and the busin s hereby confir v company or a	ess office med that	e oltine The čla	registered mge(s)		
-	nature of a member or authorized representative of a member			Printed or typed					
provi the o to me notifi By:	why accept the appointment as registered agent and agents of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered affice address. I see in writing of this change.  C.T. Corporation System  Corporation System								