

L05000092868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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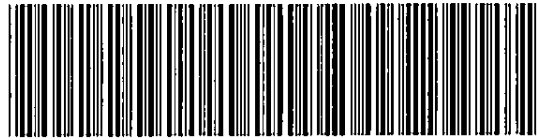
(Business Entity Name)

(Document Number)

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STATE OF
FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED

2025 FEB 17 AM 11:21

STATE OF
FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 975926

AUTHORIZATION :

COST LIMIT : \$ 25.00

8357825
[Handwritten signature]

ORDER DATE : February 11, 2025

ORDER TIME : 9:54 AM

ORDER NO. : 975926-115

CUSTOMER NO: 8357825

CHANGE OF AGENT

NAME: CROCKER PARTNERS MANAGENT
COMPANY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

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.

1. Name of the limited liability company: CP MANAGEMENT COMPANY LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

5355 TOWN CENTER ROAD, SUITE 350

BOCA RATON, FL 33486

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

5355 TOWN CENTER ROAD, SUITE 350

BOCA RATON, FL 33486

09/21/2005

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CT CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND RD

PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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.

/S/ Brett Schwenneker

Brett Schwenneker, Authorized Person

Signature of a member or authorized representative of a member

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President