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Division of Corporations

Florida Department of State 32 Division of Corporations 532 Decuron Films Corporations

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2022 05.

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE CENTRA FALLS II, LLC

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OCT 27 2012 K. Brumbkey

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

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. Na	ame of the limited liability company: CENTRA FALLS	ii. LLC		
2. (a)	401 E. LAS OLAS BLVD.		b) 401 E. LA	S OLAS BLVD.
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 1400		SUITE 140	0
	FORT LAUDERDALE, FL 33301	_	FORT LAU	JDERDALE, FL 33301
	10/09/2014		L140001585	32
3.	Date of filing/registration in Florida	4.	-	Document number
5. (a)	POSIN, HARRY L			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florio	la Dept. of State	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	401 E. LAS OLAS BEVD., SUITE 1400			
	FORT LAUDERDALE, FL	33301		
(b)	C T Corporation System			
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				2022 OCT 27
	NEW Registered Office Address:	· ·		F/1 727
	1200 South Pine Island Road			PH FD FD
	Plantation, FL	33324		* 3: 55
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited line ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the linited	istered office company, it is mited liability liability com	rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in apany.
•	SHATTING CAN ASSESSED BROOKEY	C1.	IRISTINE KEI	LM, AUTHORIZED REPRESENTATIVE
_	dure of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agr ions 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 I d in writing of this change.	perjori d för in hereby	nance of my 6 Chapter 605 confirm that t	tuties, and I am Jamiliar with and accept i, F.S. Or, if this document is being filed he limited liability company has been
By:	C T Corporation System by Kaity Toon, Asst. Secy.	4	anton	
Signatt	ire of Registered Agent		•	

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