L15 00000 8550

(R	(equestor's Name)					
V						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(B	Business Entity Nan	ne)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



800360499168

02/25/21--01025--025 **25.00

2021 FEB 25 FM 12: 07

APR 2 7 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: February 23, 2021

Order#: 677337/015

Re: JIC GRAND PALMS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Rachel Pietropolo c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	ame of the limited liability company: UIC GRAND PALI	MS, I	LLC	<u> </u>
	(a))
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	ν-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		7160 CHAGRIN ROAD STE 250			7160 CHAGRIN ROAD STE 250
		CHAGRIN FALLS, OH 44023	-		CHAGRIN FALLS, OH 44023
		01/15/2015			L15000008550
3.		Date of filing/registration in Florida	4.	-	Document number
5	(a)	B&C CORPORATE SERVICES OF CENTRAL FLORII	DA		
	(**)	Registered Agent and Registered Office shown on the records of th	e Flor	rida	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET AL	ODRI	255)	
		390 NORTH ORANGE AVE STE 1400			1
		ORLANDO , FL. 3	3280°	1	2921 FEB 25 FM 12
	(1.)				
	(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	ffice	add	
		Corporation Service Company			dress:
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee 3	1220.	1	
		ralianassee	230		
cha age wa the	ange ent w s/we arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limitation. M. Morgan	egiste ility the E mited	erec cor imi d lia	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
				imo	Othy M. Morgan, Manager
[] pro the to (- neret ovisie obli mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point gations of my position as registered agent as provided for reflect a change in the registered office address. The lin writing of this change.	r to a erfor for in reby	ict i mai i Ci coi	Printed or typed name of signee in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed of that the limited liability company has been
		e of Registered Agent Kirby, Asst. Vice President			

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