Page: 2 of 3

To:

Division of Computations

(((H220002920753)))



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To:				<u>>0</u>	
	Division of Corporations Fax Number : (850)617-6383				
From:	From:				
	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023				
	Phone : (954)208-084 Fax Number : (614)573-399	5		E.F.	
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Electronic Filing Menu

Corporate Filing Menu

Help

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.

I. Na	me of the limited liability company: CNL PLAZA, LLC	C			
2. (a)	No Change	(b) No (Change		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
7	08/01/2016	<u> </u>	Document number		
3.	Date of filing/registration in Florida FURMAN, RYAN	4.	Document number		
5. (a)	Design of Assessment Design of Control				
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u> 450 S ORANGE AVE	PILE 2022 AUG 29 AM SECNIC PARA SSEES			
	ORLANDO , FL	32801	§§ ₹ m		
	C T Corporation System		D 9:20		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:)		
	NEW Registered Office Address:				
	1200 South Pine Island Road	_			
	Plantation , FL	33324			
the cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	the registered bility compan f the limited I limited liabili	l office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.		
Cimon	ure of a number or authorized representative of a member	JOE DAV	1S, MANAGER Printed or typed name of signee		
I herei provisi the obl to mero notified By: Micl	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete juditions of my position as registered agent as provide its reflect a change in the registered office address, I have the composition of this change. C.T. Corporation System William Helden, Asst Sect.	ee to act in th performance d for in Chapt pereby confirm			