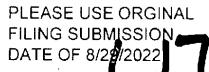
8/29/22, 11:37 AM

Division of Corporations





Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000291670 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:

annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE CFG VIII, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

PLEASE USE **ORGINAL FILING** SUBMISSION DATE OF 8/29/2022

C. BRUMBLEY

ćο

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.

	No Change	the limited liability company: CFG VIII, LLC No Change		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
3.	12/28/2017 Date of filing/registration in Florida		263952 Document number	
5. (a)	CFG VIII, LLC			
	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of	State:	
	FURMAN, RYAN		20	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 450 S ORANGE AVE		ZOZZ AUG SECRCES TALLA	
	ORLANDO, FI	32802-4920	29 14AS	
(b)	C.T. Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	PH 5: 42 OF STATE SSEE, FL	
			(h) (h)	
	NEW Registered Office Address:		 -	
	1200 South Pine Island Road			
	Plantation, FL	33324		
the char agent w was/wer the artic	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members called of organization or the operating agreement of the	f the registered of ability company, of the limited liab limited liability (fice and the business office of the registere it is hereby confirmed that the change(s) fility company or as otherwise provided in company.	
Signati	are of a number or authorized representative of a member	JOE DAVIS,		
	-		Printed or typed name of signee	
provisio the oblig to merei notified	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. CT Corporation System ele Holden, Asst Sect	ree to det in ams e performance of i ed for in Chapter hereby confirm th	rapicity. I farther agree to comply with and acceptively and Lam familiar with and acceptively. F.S. Or, if this document is being filed out the limited liability company has been	

Signature of Registered Agent