5/24/2021

Division of Corporations

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LLC REGISTERED AGENT CHANGE ADAMS RANCH - FARMTON LLC

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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. N	ame of the limited liability company: ADAMS RANCI	I - FAR	MTON LLC		
2. (a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	failing address of limite (Note: MAYBE POS	
	410 N. Michigan Ave Suite 590		CHICAGO, IL 60611		
	CHICAGO, IL 60611				
	04/25/2018		L180001037	4()	
3,	Date of filing/registration in Florida	4.		Document number	
5. {a	MICHAEL A BROWN				
J. (Registered Agent and Registered Office shown on the records of	the Flori	da Dept, of State	:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>SS)</u>		
	3450 OLD DAWSON RANCH ROAD				75
(b)	EDGEWATER , FI	32132			2021 2021
	C'T Corporation System				2021 MAY 25 2021 MAY 25 SECKLIARY ALLAHASSEE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FILED If 25 PM 3: 32 ARY OF STATE ASSEE, FLORID,	
	NEW Registered Office Address:				9: 32 ATE RIDA
	1200 South Pine Island Road		> N		
	Plantation	33324			
the chagent was/w	limited liability company is not organized under the lay range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the case of a Florida limited livere authorized by an affirmative vote of the members of the case of a florida or the operating agreement of the florida. Or authorized representative of a member	ws of the regability of the limited	ne State of Flogistered office company, it is mited liability I liability com then Hutchens	and the business of hereby confirmed of company or as oth pany. Printed or typed name	ffice of the registered that the change(s) terwise provided in of signee
I here provis the ob- to med notific	eby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete objections of my position as registered agent as provide rely reflect a change in the registered office address, Leed in writing of this change.		ct in this cape mance of my c Chapter 605 confirm that t	icity. I further agro hities, and I am fan , F.S. Or, if this do he limited liahility	e to comply with the ultiar with and accept cument is being filed company has been
Ву	CT Corporation System CHURTHY Acceptant Sec				
Signat	ure of Registered Agent				

Division of Cornerations P.O. Roy 6327a Tollahneses