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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CREP XVI Chase Heritage	LLC	
0013,72		Name of Limited	Liability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to th	e following:
Alice R	oweliffe		
	Name of Person		· ·····
Chandle	er Residential, Inc.		
	Firm/Company		
11719-1	B Jefferson Ave., Ste. 103		
	Address		
Newpor	rt News, VA 23606		
	City/State and Zip Cod	de	
aroweli	ffe@chanres.com		
E.	-mail address: (to be used for future	annual report not	ification)
For furt	ther information concerning this ma	tter, please call:	
Alice R	owcliffe	757 at (873-4225
	Name of Person	(Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18	(2/14)		

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	Name of the limited liability company: CREP XVI Ch	nase Herita	ge LLC				
2. (a)							
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of (Note: MAY B)	limited liab	ility cor	npany:
	354 NE 5th St		11719-B J	efferson Ave., St	te. 103		
	Boca Raton, FL 33432		Newport N	News, VA 23606		. =:	
	6/04/2018		L180001383	393			
3.	Date of filing/registration in Florida	4.		Document nun	nber		 -
5. (a)						
J. (I.	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of Stat	- le:			
	Paul C. Jost						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u> </u>	_			
	1500 Ocean Dr. Unit 1105						
	Miami Beach , F	L 33139	-	_			
	· · · · · · · · · · · · · · · · · · ·	·"		_	25 Th	202	
(b)				<u></u>	ACR	JL 0	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	<u>ldress</u> :		AA	2020 JUL 24	*****
	address change only			_	ECRETARY OF ST TALLAHASSEE,		П
	NEW Registered Office Address:				in S Hari	X	
	354 NE 5th St	<u>.</u> .		AMID: 58			
	Boca Raton	33432 L			1.1		
16.2			C	-	,=		
chang	limited liability company is not organized under the la ge or changes are made, the Florida street address of the	e register	ed office an	d the business of	office of th	ne regis	stered
agent was/v	will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members	iability co of the lin	ompany, it is vited liabilit	s hereby confiri v company or a	med that the is otherwis	ne chai se prov	nge(s) zided in
the ar	ticles of organization or the operating agreement of the			npany.			
	nature of a member or authorized representative of a member			Printed or typed	C. J	410	
I here provis the ol to me notific	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act 2 perform ed for in C hereby co	in this cape ance of my o Chapter 605 onfirm that	acity. I further duties, and I an 5, F.S. Or, if thi the limited liab.	agree to c n familiar is docume ility comp	omply with a nt is be any ha	with the nd accept ging filed as been
Signal	ture of Registered Agent						