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R. WHITE FE3 0 4 223

COVER LETTER

TO:	Registration Section Division of Corporations	·								
SUBJI	JECT: CREP XVIII GP LLC	inhility Company								
	Name of Limited Liability Company									
Dear S	Sir or Madam:									
The en	enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.								
Please	se return all correspondence concerning this matter to the	following:								
MICHAEL D. RAVITCH, ESQ.										
Name of Person										
GROSSBERG, YOCHELSON, FOX & BEYDA LLP										
	Firm/Company	- 								
1200 NEW HAMPSHIRE AVENUE, NW, SUITE 555										
	Address	<u> </u>								
WAS	ASHINGTON, DC 20036									
	City/State and Zip Code									
RAV	AVITCH@GYFB.COM									
E-mail address: (to be used for future annual report notification)										
For Tur	urther information concerning this matter, please call:									
Mρ.	elissa Reed at (202) 296-9696								
	elissa Reed at (202 Name of Person	Area Code & Daytime Telephone Number								
	Traine of Coroni									
	•	AILING ADDRESS:								
Registration Section Registration Section										
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327										
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314									
Tallahassee, Florida 32301										
Enclosed is a check for the following amount:										
2		55 Filing Fee & Certified Copy								
	•									
INDSI	18 (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.

l.	Na	me of the limited liability company:CREP_XVI	III GP	LLC						
2.	(a)		(b)							
	• /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (=)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		11719-B Jefferson Avenue, #103	<u>-</u>							
		Newport News, VA 23606								
		January 17, 2019	I	190000	019102					
3.		Date of filing/registration in Florida	4.	Ľ	Document num	ber				
5.	(a)									
	` ,	Registered Agent and Registered Office shown on the records of th	e Florida De	pt. of State:						
		April Miller, Corporation Service	iny							
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			Ś	20			
		1201 Hays Street	201 Hays Street				TAL			
		Tallahassee ,FL_	32301		SECRETARY TALL VARY			(=====================================		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O								
		Elite hame of NEW Registered Agent and of NEW Registered C	Jilice Audi es	13.		-25	5: 3 2			
		Paul C. Jost				J.E	3			
		NEW Registered Office Address:								
		1500 Ocean Drive, Unit 1105		·						
		MIAMI BEACH ,FL	33139							
the age wa the	cha ent w s/we arti iignat iig	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabilities of a member of authorized representative of a member on authorized representative of a member on authorized representative of a member on a of all statistics relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	he register bility comp the limited imited liab Par	ed office a bany, it is l d liability sility comp ul C.	and the busine hereby confirm company or as bany. Jost Printed or typed notice of the confirm of the confirmation of the conf	ss office ned that to otherwise name of sign	of the he cha se pro	registered inge(s) vided in		

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