

L19000059675
 Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (614)573-3996

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
 CR SEVEN HILLS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: CR Seven Hills, LLC
2. (a) 1427 CLARKVIEW ROAD
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
SUITE 500
BALTIMORE, MD 21209
- (b) 1427 CLARKVIEW ROAD
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
SUITE 500
1427 CLARKVIEW ROAD
3. 03/08/2019 Date of filing/registration in Florida
4. L19000059675 Document number
5. (a) HF REGISTERED AGENTS, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1715 MONROE STREET
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
FORT MYERS, FL 33901
- (b) C T Corporation System
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the _____ or the operating agreement of the limited liability company.

DocuSigned by:
Stephanie Shack
Signature of authorized representative of a member

Stephanie Shack, Vice President
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System
Sandra Zwiack
Signature of Registered Agent Sandra Zwiack, Assistant Secretary

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

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