Division of Corporations 1/31/22, 10:17 AM

> 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.

> > (((H22000040042 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : {702}866-2500 Fax Number : (702)900-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: managedreports@incorp.com

## LLC REGISTERED AGENT CHANGE ARC PROPERTIES ONE, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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|                           |                                    |   | H2200004004Z 3 |
|---------------------------|------------------------------------|---|----------------|
|                           |                                    |   |                |
|                           |                                    | COVER LETTER  |                |
| TO:                       | Registration Section               | <b>*</b>  |                |
|                           | Division of Corporations           |   |                |
| STIR                      | IECT:                              | ARC Properties One, LLC                                 |                |
| Q ( <b>Q</b> , <b>D</b> ( |                                    | Name of Limited Liability Company                       |                |
| Dear                      | Sir or Madam:                      |   |                |
| The e                     | enclosed Registered Agent/Registe  | ered Office Change and fee(s) are submitted for filing. |                |
| Pleas                     | e return all correspondence concer | ming this matter to the following:                      |                |
|                           |                                    |   |                |
|                           | Courtney Wehrn                     | man   |                |
|                           | Name of Perso                      | Da Company  |                |
|                           | InCorp Services                    | , Inc.  |                |
|                           | Firm/Company                       | <del></del>   |                |
|                           | 3773 Howard Hughes Pkw             | vy. · Suite 500S  |                |
|                           | Address                            | <u> </u>  |                |
|                           | Las Vegas, NV 891                  | 69-6014   |                |
|                           | City/State and Zip                 |   |                |
|                           | managedreports@ind                 |   |                |
|                           | E-mail address: (to be used for fu |   |                |
| For fi                    | urther information concerning this | matter, please call:                                    |                |
| Сан                       | rtney Wehrman for InCorp Serv      | vices. Inc. 800-246-2677                                |                |
|                           | Name of Person                     | at Area Code & Daytime Telephone Number                 |                |
|                           | Mailing Address:                   | Street Address:   |                |
|                           | Registration Section               | Registration Section                                    |                |
|                           | Division of Corporations           | Division of Corporations                                |                |
|                           | P.O. Box 6327                      | The Centre of Tallahassee                               |                |
|                           | Tallahassee, FL 32314              | 2415 N. Monroe Street, Suite 810                        |                |
|                           |                                    | Tallahassee, FL 32303                                   |                |
|                           | Enclosed is a check for the fo     | llowing amount:   |                |
|                           | ☑ \$25 Filing Fee                  | ☐ \$55 Filing Fee & Certified Copy                      |                |
|                           |                                    |   |                |

H22000040042 3

## 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.

| (a)                        | 4745 Statesman Drive Suite A  |   | (b) 4745 Sta  | tesman Drive Suite A  |
|----------------------------|---|---|---|---|
| . <del>-</del> / .         | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   |   | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                            | Indianapolis, IN 46250  |   | Indianapo   | olis, IN 46250  |
|                            | 11/25/2019  | —   | L1900029  | 91646   |
|                            | Date of filing/registration in Florida  | —<br>4.                                   |   | Document number   |
| (a)                        | THE WOLFF LAW FIRM  |   |   |   |
| (a)                        | Registered Agent and Registered Office shown on the records of  | f the Flo                                 | orida Dept. of Stat                                     | te:   |
|                            | 1401 East Broward Boulevard - Suite 204   |   |   |   |
|                            | Registered Office Address (MUST BE FLORIDA STREET   | ADDR                                      | (ESS)   | _   |
|                            | Fort Lauderdale . F   | <br>L                                     | 33301   | _   |
| (b)                        | InCorp Services, Inc.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>  | d Offic                                   | e address:  | - 22  |
|                            | 17888 67th Court North  |   |   | · · · · · · · · · · · · · · · · · · ·   |
|                            | NEW Registered Office Address:  |   |   |   |
|                            | Loxahatchee, F.   | L   | 33470   | PH IZ   |
| cha<br>ntw<br>s/we<br>arti | imited 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 I are authorized by an affirmative vote of the members cless of organization or the operating agreement of the  | of the r<br>liabilit<br>of the<br>e limit | registered offic<br>sy company, it<br>s limited liabili | te and the business office of the regis<br>is hereby confirmed that the change(s<br>ty company or as otherwise provided |
| onia                       | by accept the appointment as registered agent and agens of all statutes relative to the proper and completing tions of all statutes relative to the proper and completing to the proper and completing to the proper and completing the registered agent as providing the reflect a change in the registered office address, in | mee to                                    | act in this car   | pacity. I further agree to comply with  |