## TS8 405 000

| · (Requestor's Name)                    |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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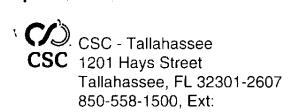
Office Use Only



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2024 HAR 19 PH 3: 00

2024 MAR 19 AH 11: 24



To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna Godbolt@cscglobal.com

Ext:

Date: 03/19/24 Order #: 1449503-2

Re: Cedarview Partners, LLC Processing Method: In-House

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0: I20000000195

AUTH

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2024 HAR 19 PM 3: 00

## 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. 1   | Name of the limited liability company: CEDARVIEW F   | PARTNEF  | RS, LLC   |   |  |
|--|--|--|---|---|--|
| 2. (a  | 824 Highland Avenue  | (t   | 824 High  | nland Avenue  |  |
|  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |   |  |
|  | Orlando, FL 32803  |  | Orlando,  | FL 32803  |  |
|  | May 10, 2021   |  | L2100020  | 04827   |  |
| 3.   | Date of filing/registration in Florida   | 4.   |   | Document number   |  |
| 5. (   | 1)   |  |   |   |  |
| ,  | Registered Agent and Registered Office shown on the records o WM. Michael Mikkelson  | f the Florida                                      | Dept. of Stat   | te:   |  |
|  | Registered Office Address (MUST BE FLORIDA STREET 824 Highland Avenue  | ADDRESS  | 2   | 2024 HAR 19 SECRETARY TALLAHA   |  |
|  | Orlando . F  | 32803  |   | ETA RR  |  |
| (b   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  Corporation Service Company   |  | HAR 19 PM 3: 00 CRETARY OF STATE ALL ANIASSES, FL                             |   |  |
|  | NEW Registered Office Address:   | <u>.</u>   |   | _   |  |
|  | 1201 Hays Street   |  |   | _   |  |
|  | Tallahassee F  | L  |   | _   |  |
| chan<br>agent<br>was/  | limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the | e registere<br>lability co<br>of the lim           | ed office an<br>mpany, it i<br>ited liabilit                                  | d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in  |  |
|  | /s/ WM. Michael Mikkelson  |  | •   | ael Mikkelson, Authorized Person  |  |
| Signature of a member or authorized representative of a member |  |  | Printed or typed name of signee   |   |  |
| provi<br>the o<br>to me  | eby accept the appointment as registered agent and ag<br>sions of all statutes relative to the proper and complete<br>bligations of my position as registered agent as provide<br>rely reflect a change in the registered office address, I<br>ted in writing of this change.              | ree to act<br>performe<br>ed for in C<br>hereby co | in this capa<br>ince of my<br>chapter 605<br>infirm that                      | acity. I further agree to comply with the<br>duties, and I am familiar with and accept<br>5, F.S. Or, if this document is being filed<br>the limited liability company has been |  |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CSC COA-3128

Signature of Registered Agent Lindsey M. Lockard. Asst. Vice President on behalf of Corporation Service Company