

L22000496454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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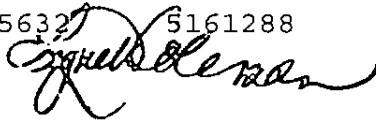
ALLAHASSEE, FLORIDA

2023 APR 27 PM 1:53

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A. BUTLER  
APR 28 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 705632 5161288  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : April 26, 2023  
ORDER TIME : 9:42 AM  
ORDER NO. : 705632-005  
CUSTOMER NO: 5161288

CHANGE OF AGENT

NAME: CV QOZP 2910 STIRLING RD., LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CV QOZP 2910 STIRLING RD., LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elliott Byers  
Name of Person

Clarion Partners  
Firm/Company

1717 MCKINNEY AVE STE 1900  
Address

Dallas, TX 75050  
City/State and Zip Code

elliott.byers@clarionpartners.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elliott Byers at ( 570 ) 406-0781  
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 following amount:**

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**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: CV QOZP 2910 STIRLING RD., LLC

2. (a) <u>1717 McKinney Ave Ste 1900</u> Principal office address of limited liability company: (Note: <b>MUST BE STREET ADDRESS</b> )  <u>Dallas, TX</u>  <u>75020</u>	(b) <u>1717 McKinney Ave Ste 1900</u> Mailing address of limited liability company: (Note: <b>MAY BE POST OFFICE BOX</b> )  <u>Dallas, TX</u>  <u>75020</u>
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3. <u>11/21/2022</u> Date of filing/registration in Florida	4. <u>L22000496454</u> Document number
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5. (a) Cadence Partners  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
617 Virginia Drive  
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
617 Virginia Drive  
Orlando, FL 32803

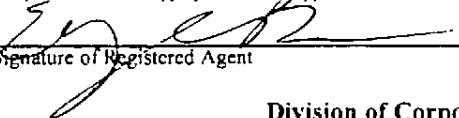
(b) Corporation Service Company  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
Corporation Service Company  
**NEW** Registered Office Address:  
1201 Hays Street  
  
Tallahassee, FL 32301

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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 articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member	<u>Elliott Byers</u> Printed or typed name of signee
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*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.*

  
 Signature of Registered Agent

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