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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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## LLC REGISTERED AGENT CHANGE CJ VISTA PARKWAY, LLC

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K. SALY

DEC 1 1 2024

## 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.

I. Na	me of the limited liability company: CJ VISTA PARI	KWAY, LLC			
2. (a)	15983 N SOTH STREET	(b) 1598	3 N SOTH STREET		
z. (u)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SCOTTSDALE, AZ 85260	SCO	SCOTTSDALE, AZ 85260		
	12/19/2023	L2300	0557334		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	JACQUELINE E. CANNAVAN, PA				
(u)	Registered Agent and Registered Office shown on the records of 2699 STIRLING RD	the Fiorida Dept. o			
	Registered Office Address (MUST BE FLORIDA STREET) SUITE C 303	ADDRESS <sub>I</sub>	TALLS TO		
	FT. LAUDERDALE . FE	33312	EC 10 P		
41.5	C T Corporation System				
(b)	Enter name of NEW Registered Agent and/or NEW Registered		PILE 10 PH 2: 18		
	NEW Registered Office Address:				
	1200 South Pine Island Road	··-			
	Plantation, F1	33324			
the cha agent w was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered ( lability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.		
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obli to m <b>e</b> re	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I lin writing of this change.  CT Corporation System	e nerformunce o	f my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been		