## 140300004268

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (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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ALLMOMOSED PLU

RECEIVED

PRINCY -4 AMID:

Y SULKER NOV 0 5 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 156848 4328604

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 22, 2021

ORDER TIME : 3:46 PM

ORDER NO. : 156848-351

CUSTOMER NO: 4328604

## CHANGE OF AGENT

NAME: CNL NET LEASE FUNDING 2003,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

## 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: CNL NET LEASE FUNDING 2003, LLC    |                |  |  |   |  |
|--|----------------|--|--|---|--|
| 2. (a  | a)             | 2325 E. Camelback Road   | (b   | 2325 E. Camelback Road  |  |
| `  | ,              | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | _ (  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |  |
|  |                | 9th Floor  |  | 9th Floor   |  |
|  |                | Phoenix, AZ 85016  | _<br>_   | Phoenix, AZ 85016   |  |
|  |                | 12/23/2003   |  | M03000004268  |  |
| 3.   |                | Date of filing/registration in Florida   | 4.   | Document number   |  |
| 5. (   | a)             | C T CORPORATION SYSTEM   |  |   |  |
|  |                | Registered Agent and Registered Office shown on the records of the 1200 S PINE ISLAND RD   | ne Florida                                     | Dept. of State:   |  |
|  |                | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS)  | <br>!   |  |
|  |                |  |  |   |  |
|  |                | PLANTATION   | 33324  | *   |  |
|  |                | , , , ,  |  |   |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: |                |  |  |   |  |
|  |                |  |  |   |  |
|  |                | NEW Registered Office Address:   |  | 27  |  |
|  |                | 1201 Hays Street   |  | Real Park   |  |
|  |                | -  |  | SEE SEE   |  |
|  |                | Tallahassee  | 32301  | W CF STATE  |  |
| agent<br>was/v   | ge<br>W<br>vei | mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the li | egistered<br>ility con<br>the limit            | state of Florida, it is hereby confirmed that after the doffice and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in |  |
|  | _              | Xie & Coni   | Jill Ci  | ilmi, Authorized Person   |  |
|  |                | are of a member or authorized representative of a member   |  | Printed or typed name of signee   |  |
| the ol<br>to me  | blis<br>rei    | y accept the appointment as registered agent and agree<br>ons of all statutes relative to the proper and complete pe<br>gations of my position as registered agent as provided j<br>y reflect a change in the registered office address. I he<br>in writing of this change.                  | to act in<br>erforman<br>for in Ch<br>reby con | n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been  |  |
| Signat   | 1150           | Lhoze CKnby of Registered Agent  |  |   |  |
| Grac   | e i            | E. Kirby, Asst. Vice President   |  |   |  |

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