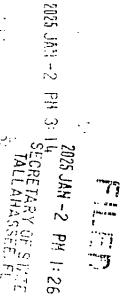
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 847608 5057825

AUTHORIZATION :

COST LIMIT : \$ 25.00 0

ORDER DATE: December 18, 2024

ORDER TIME : 12:36 PM

ORDER NO. : 847608-035

CUSTOMER NO: 5057825

CHANGE OF AGENT

NAME: CHAMPIONSGATE RENTAL MANAGER 1

GP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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. N	lame of the limited liability company: CHAMPIONSO	SATÉ RE	NT	TAL MANAGER 1 GP, LLC
2. (a)		(ъ))
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		- /)
	1777 WALKER ST, STE 501			1777 WALKER ST, STE 501
	HOUSTON, TX 77010	_	•	HOUSTON, TX 77010
	08/01/2006		ŀ	M06000004250
3.	Date of filing/registration in Florida	4.	_	Document number
s (a	N			
5. (a	Registered Agent and Registered Office shown on the records o C T CORPORATION SYSTEM			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	:S)	
	1200 SOUTH PINE ISLAND ROAD			707' SE
	PLANTATION F	33324		2025 JAH -2 SECRETER TALLAH
				APR 2
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		<u>dd</u>	dress:
	Corporation Service Company			ires:
	NEW Registered Office Address:			•
	1201 Hays Street			
	Tallahassee	l. <u>32301</u>		
chang agent was/w the ar	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 lagere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iws of the register iability coof the lired imited	e S red on nit lia	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.
	M. Mitzner	Ira	М	1. Mitzner
_	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac e perform ed for in hereby c	t it tar Ch on	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
	ure of Registered Agent Grace E. Kirby, Asst. Vice Presi	dent		

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