MC8CCCC 5576

| (Requestor's Name) | | | | | |
|---------------------------|----------------|-------------|--|--|--|
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Doc | ument Number) | | | | |
| Contilled Copies | Cortificato | s of Status | | | |
| Certified Copies | Certificates | S OI SIAIUS | | | |
| | | | | | |
| Special Instructions to F | iling Officer: | | | | |
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Office Use Only



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SEURETAIN OF STATE TALLAHASSEE, FL

2024 SEP -5 PH 3: 5

2024 SEP -5 PM 1:35

CHVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. | : | 1200000001 | 95 | | | | |
|---|--------------|---------------|-------------|--|--|--|--|
| REFERENCE | : | 609283 | 8295390 | | | | |
| AUTHORIZATION | : | | 150 | | | | |
| COST LIMIT | : | \$ 25.00 | - Committee | | | | |
| | | - | | | | | |
| ORDER DATE : August 28, 2024 | | | | | | | |
| ORDER TIME : 2:26 PM | | | | | | | |
| ORDER NO. : 609283-044 | | | | | | | |
| CUSTOMER NO: 8295390 | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| NAME: IA PORT CHARL L.L.C. | JOTT: | E PEACHLAND | r | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | |
| CONTACT PERSON: Amanda Miller | . | | | | | | |
| EX | AMI | NER'S INITIA | ALS: | | | | |

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 | ame of the limited liability company: IA PORT CHAP | RLOTTE | P | EACHLANI | D, L.L.C. |
|------------------------------|---|--|-------------------------------------|---|--|
| 2. (a) | 3025 Highland Parkway Suite 350 | (| (b) 3025 Highland Parkway Suite 350 | | |
| - . (u) | Principal office address of limited liability company: | | (0) | | failing address of limited liability company: |
| | (Note: MUST BE STREET ADDRESS) | | | _ | (Note: MAY BE POST OFFICE BOX) |
| | Downers Grove, IL 60515 | | | Downers (| Grove, IL 60515 |
| | 12/30/2008 | | ľ | и08000005 | 5576 |
| 3. | Date of filing/registration in Florida | 4. | | | Document number |
| 5. (a) | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | the Florid | da : | Dept. of State | : |
| | C T CORPORATION SYSTEM | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u></u> SS) | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | |
| | PLANTATION | 33324 | | | |
| | FLANTATION | | | | |
| | | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | LOGias a | | | |
| | Enter bathe of NEW Registered Agent and/or NEW Registered | 1 (Mince A | <u>uu</u> | icss. | |
| | Corporation Service Company | | | | |
| | NEW Registered Office Address: | | | | |
| | 1201 Hays Street | | | | |
| | | | | | |
| | Tallahassee | 32301 | | | |
| | | · | | | |
| | limited liability company is not organized under the late or changes are made, the Florida street address of the | | | | |
| agent | will be identical. Or, in the case of a Florida limited li | ability c | con | i office and | hereby confirmed that the change(s) |
| | ere authorized by an affirmative vote of the members of the operating agreement of the | | | | |
| | refes of organization of the operating agreement of the | | | - ' | VID, AUTHORIZED PERSON |
| | sture of a member or authorized representative of a member | | | | Printed or typed name of signee |
| I here provisi the obi | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. | ree to ac perforn d for in hereby c | et i nar Cl | n this capa ace of my d apter 605, afirm that th | city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been |
| notifie | d in writing of this change. | | | | |
| | ure of Registered Agent | ICE PRI | ES | IDENT | |