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

CONTACT PERSON: Eyliena Baker

ACCOUNT NO. : I2000000195 REFERENCE : 687337 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: April 19, 2023 ORDER TIME : 9:44 AM ORDER NO. : 687337-008 CUSTOMER NO: 7784733 CHANGE OF AGENT NAME: CHANCE FLORIDA DEVELOPMENT, LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY

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. 1	Name of the limited liability company: CHANCE FLO	DRIDA DE	VELOPME	NT, LLC
2. (a)	)	(	h)	
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1451 Home St c/o Chance Partners		РО Вох	10292 c/o Chance Partners
	JACKSONVILLE, FL 32207		JACKSO	DNVILLE, FL 32247
	03/09/2010		M100000	001071
3.	Date of filing/registration in Florida	4.	-	Document number
5. (a	1			
. (u	Registered Agent and Registered Office shown on the records NRAI SERVICES, INC.	of the Florid	a Dept, of Sta	rte:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>S)</u>	_
	PLANTATION	33324		7020 2020
(b)	Enter name of NEW Registered Agent and/or NEW Registers Corporation Service Company	ed Office ad	ldress:	2023 APR 26 PM 2: 48  PART SAN OF STATE  PART SAN SEE. FL
	NEW Registered Office Address:			- TA +
	1201 Hays Street			FF 88
				_
	Tallahassee F	L_32301		_
cnange agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the JIILL CILMI	e registere iability co of the limited l	ed office an impany, it is lited liability iability con	of the business office of the registered s hereby confirmed that the change(s)
the obe	by accept the appointment as registered agent and agions 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. I d in writing of this change.	ree to act e performa ed for in C hereby ca	in this cap ince of my hapter 605 infirm that	
Signator	Ince Cokubi	GRACE	E. KIRBY	. ASST. VICE PRESIDENT
ाष्ट्रमध्यप	ne or registered Agent /			

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