M1000001W8

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(04)/04000_p////////////////////////////////						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: J. HORNE APR 2 5 2024						

Office Use Only



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

ACCOUNT NO. : I2000000195							
REFERENCE 387188 8441446							
AUTHORIZATION							
COST LIMIT : \$ 25.00							
ORDER DATE : April 2, 2024							
ORDER TIME: 10:08 AM							
ORDER NO. : 387188-330							
CUSTOMER NO: 8441446							
CHANGE OF AGENT							
NAME: RP-ORLANDO, 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.	Na	me of the limited liability company: RP-ORLAN	P-ORLANDO, LLC			
2	(a)	550 S. Caldwell Street		(b) 4720 Piedmont Row Drive		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		(NOTE: MUST BE STREET ADDRESS)		PNG04C	· · · · · · · · · · · · · · · · · · ·	
		Charlotte, NC 28202		Charlotte	NC 28210	
		Official Color 20202				
		03/10/2010		M1000000	1108	
3.		Date of filing/registration in Florida	4.	_	Document number	
5.	(a)	C T Corporation System				
	(-7	Registered Agent and Registered Office shown on the records 1200 South Pine Island Road	s of the Fi	orida Dept, of Stat		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Plantation	FL 33	324	IDILAPR 24 MIDILA	
		,	ւ ը	<u> </u>	- 1	
	(b)			_	- 20	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	nddress:		
		Corporation Service Company			्राप्ति । -	
		NEW Registered Office Address:				
		1201 Hays Street			-	
		T -W-b	2020	.4		
		Tallahassee,	FL		_	
cha age wa:	inge int w s/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the contr	the regist Hiability rs of the	tered office and company, it is limited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
/s/ Jill Cilmi				Jill Cilmi, Authorized Person		
Signature of a member or authorized representative of a member Printed or typed name of signee						
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been						
notified in writing of this change. () Corporation Service					e Company	
Signature of Registered Agent Ami M. Casper, Asst. Vice President						