M100000001366

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CAKOMIS 1222

NOV 0 5 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 156848 4328604

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 22, 2021

ORDER TIME : 3:46 PM

ORDER NO. : 156848-391

CUSTOMER NO: 4328604

CHANGE OF AGENT

NAME: COLE AN PORTFOLIO V, 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. N	ame of the limited liability company: COLE AN POR	TFOLIO V, LL	С	
2. (a)	2325 E. Camelback Road	(b) 23	25 E. Camelback Road	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	
	9th Floor	9th	Floor	
	Phoenix, AZ 85016	Pho	penix, AZ 85016	
	03/24/2010	M10	000001366	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CT CORPORATION SYSTEM			
J. (a)	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD	the Florida Dept	of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
-				202
	PLANTATION CI	33324		2021 (377 - 4
ļ	,гі			1
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	•	7 F 12:
	Corporation Service Company			2:21
Ì	NEW Registered Office Address:			
	1201 Hays Street			
		_		
	Tallahassee	32301		
change agent was/w	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 litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered off ability compar of the limited l	ice and the business office only, it is hereby confirmed that iability company or as other	f the registered t the change(s)
ļ	Lie E. agnie	Jitt Cilmi,	Authorized Person	
Signa	nture of a member or authorized representative of a member		Printed or typed name of	signee
proviši The o h i To mer	by accept the appointment as registered agent and agrifous 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 did in writing of this change.	ee to act in the performance of d for in Chapt hereby confirm	is capacity. I further agree to fine duties, and I am Jamilio er 605, F.S. Or, if this document that the limited liability con	o comply with the ar with and accept nent is being filed npany has been
	Drace L-Kuby			
Signatu Grack	ire of Registered Agent F. Kirby, Asst. Vice President			

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