(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
J. HORNE						
AUG - 8 2024						

Office Use Only



200432505452

2024 R. 1-1. EDI 9: 21 2024 AUG -7. AHTH: 06

" CORPORATION SERVICE COMPANY 1201 Hays Street

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

ACCOUNT NO. : 12000000195					
REFERENCE : 554749 7236625					
AUTHORIZATION PROBLEMAN					
COST LIMIT : \$ 25.00					
ORDER DATE : July 17, 2024					
ORDER TIME : 3:28 PM					
ORDER NO. : 554749-208					
CUSTOMER NO: 7236625					
CHANGE OF AGENT					
NAME: ART MORTGAGE BORROWER PROPCO 2010 - 5 LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY 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.

L N	ame of the limited liability company: ART MORTGA	GE BOF	ROWER PR	OPCO 2010 - 5 LLC
2. (a)	10 Glenlake Parkway	(b) 10 Glenlak		ke Parkway
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	600 South Tower		600 South	Tower
	Atlanta, GA 30328	_	Atlanta, G	A 30328
	12/02/2010		M10000005	5306
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of	f the Floric	ia Dept. of State	- ::
	C T CORPORATION SYSTEM			73
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	- <u>19</u>
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	33324		
	, , ,	L		
(b)				√ ⊙
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	2.
	Corporation Service Company			•
	NEW Registered Office Address:			-
	1201 Hays Street			
	Tallahassee	32301		
	, 1	L		
change agent v was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register ability c of the lir	red office and ompany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/N	athan H. Harwell	Na	than H. Harw	vell, Authorized Person
Signa	ture of a member or authorized representative of a member			Printed or typed name of signce
provisi the obi to mer	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. If a mariting of this change.	ree to ac perform d for in hereby c	t in this capa tance of my a Chapter 605, confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
	tre of Registered Agent			

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