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ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 156847 4328604

AUTHORIZATION

COST LIMIT : (\$\sqrt{25.00}

ORDER DATE: October 22, 2021

ORDER TIME : 3:46 PM

ORDER NO. : 156847-396

CUSTOMER NO: 4328604

<u>CHANGE OF AGENT</u>

NAME: ARC3 DGMLOFL001, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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.	lame of the limited liability company: ARC3 DGMLOF	L001, LLC	
2. (a)	2325 E. Camelback Road	(b) 2325 E. Camelback Road Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
. (1	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		
ļ	9th Floor	9th Floor	
	Phoenix, AZ 85016	Phoenix, AZ 85016 M11000006228	
	12/14/2011		
3. 5. (a	Date of filing/registration in Florida C T CORPORATION SYSTEM	4. Document n	umber
	Registered Agent and Registered Office shown on the records of the 1200 S PINE ISLAND RD	the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	PLANTATION FL	33324	2021 HOY
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office address:	7 - 4 PH 2
	NEW Registered Office Address:		. 24
	1201 Hays Street	 	4 -
j	Tallahassee	32301	
hang igent vas/w he art	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the left.	registered office and the business bility company, it is hereby conf f the limited liability company or	s office of the registered irmed that the change(s)
	ature of a member or authorized representative of a member	Jill Cilmi, Authorized Person	
 here provis he ob o mer	ature of a member by authorized representative of a member by accept the appointment as registered agent and agressions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ge to act in this capacity. I furthe	d name of signee or agree to comply with the om familiar with and accept this document is being filed ability company has been

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