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Account Number : 113615003626 Phone 407-540-7576 Fax Number 407-641-8361

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From: CNL Fax

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: CHP Town Villag	e OK ()wr	er, LLC			
2.		Principal office address of timited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability con (Note: MAY BE POST OFFICE B		
		450 S. Orange Avenue, 14th Floor			P.O. Box			
		Orlando, F1. 3280)		•	Orlando, I	Ft. 32802-4920		
		08-08-2013		N	11300000	4969		
3.		Date of filing/registration in Florida	4.	_		Document number		
		Registered Agent and Registered Office shown on the records of the Army J. Patterson Registered Office Address (MUST BE FLORIDA STREET) 450 S. Orange Avenue Orlando FL.	32801			TALL MASSEE.	2021 OCT 2 1 PM	TILEO
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Tracey B. Bracco NEW Registered Office Address: 450 S. Orange Avenue, 14th Floor	Office	gdđ	ress:	FLORIDE	3: 20	
		Orlando , FL	32801					
cha age	inge ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe bility of f the li limited	ered con imit i lia	l office an ipany, it i ed liabilit	nd the business office of the reging is hereby confirmed that the charty company or as otherwise proving any.	sterea nge(s	d)
1 f pro the to not	nerel ovisi obli nere ified	over of a inember or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete gigations of my position as registered agent as provided by reflect a change in the registered office address, I have thing of this change.	ee to a perfori f for in ereby	ict i mar i Ch cor	n this cap ace of my apter 60: Airm that	Printed or typed name of signee pacity. I further agree to comply duties, and I am familiar with a 5, F.S. Or, if this document is be the limited liability company ha	vith nd ac eing f is bee	the rcept iled n