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From:

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Account Number : 113615003626

Phone 407-540-7576

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407-641-8361

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LLC REGISTERED AGENT CHANGE CHP SALEM-SOUTHERN HILLS OR OWNER, LLC

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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.	Name	of the limited liability company: CHP Salem-South	nı Ili	lls	OR Owner, L	LLC		
2. (a)			(b))			
• •		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` `	N	failing address of limited Eabil		
	45	0 S. Orange Avenue, 14th Floor			P.O. Box 49	920		
	Or	lando, FL 32801	-		Orlando, FI	. 32802–1920		
	10-	22-2013		:	M130000066	885		
3.		Date of filing/registration in Florida	4.		I	Document number		
5. (a)							
(Regi	istered Agent and Registered Office shown on the records of th	e Flori	da	Dept. of State:	:		
	An	ny J. Patterson					2021 OCT 21 AM 10: 17	3,475
	Reg	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				00	SION	
	450	0 S. Orange Avenue					7	K OF
	Ori	tando	2801		· · · · · · · · · · · · · · · · · · ·		-	FAR CRA
		fando , FL			 -		<u> </u>	AN OF STATE
/ L							5	98.5 5.55 5.55 5.55 5.55 5.55 5.55 5.55
(1	Ente	r name of NEW Registered Agent and/or NEW Registered C)flice i	acid	ress:			
							7	7
	Tra	icey B. Bracco						
	NE	W Registered Office Address:						
	450	S. Orange Avenue, 14th Floor						
	Orl	undo FL	2801					
chan; agen! was/	limite ge or ci will b were at	ed liability company is not organized under the laws hanges are made, the Florida street address of the releast identical. Or, in the case of a Florida limited liab inhorized by an affirmative vote of the members of of organization or the operating agreement of the liab	of the giste ility of the line	red con mit l lia	state of Flor I office and opany, it is it and liability	the business office of the hereby confirmed that the company or as otherwise	registere change(ed 5)
Sign	illure o	f a member or authorized representative of a member	-			Printed or typed name of signe	e	
he o to me	sions of bligation rely re ed in A	cept the appointment as registered agent and agree of all statutes relative to the proper and complete poons of my position as registered agent as provided judged a change in the registered office address, I he writing of this change.	to exertarn for in reby c	ct ii nar Ch con	n this capac nce of my di napter 605; nfirm that th	city. I further agree to ca dies, and I am familiar w E.S. Or, if this documen e llinited liability compa	mply with ith and a t is being ny has be	h the ecept filed en
o (E) i ii	ane or r	collinated ukriit						