Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H21000393016 3)))



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Division of Corporations

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Account Name : CNL FINANCIAL GROUP, INC.

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

Enter the email address for this business entity to be used for fugure annual report mailings. Enter only one email address please.

susana.carcasona@cnl.com

LLC REGISTERED AGENT CHANGE CHP VANCOUVER-BRIDGEWOOD WA 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.	Nan	ne of the limited liability company: CHP Vancouver-E	Bridgev	V (V C)	rood WA Owner, LLC		 -
2 . (c	*/ _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	(b)		
		450 S. Orange Avenue, 14th Floor			P.O. Box 4920		
		Orlando, FL 32801			Orlando, FL 32802-4920		
	;	10-04-2013		ľ	M13000006972		
3.	-	Date of filing/registration in Florida	4.	-	Document number		
5. (a l						
(·	H	Registered Agent and Registered Office shown on the records of t	he Flori	da	du Dept, of State:		
	i	Registered Office Address (MUST BE FLORIDA STREET A	DDRF.	(22	50	20	
		450 S. Orange Avenue				154	
	•	Orlando , FL	32801			2021 OCT 21 PM 3: 02	·~ ,
	•				ن الله	2	FILED
(b) <u> </u>					P	
	F	inter name of NEW Registered Agent and/or NEW Registered	Office	ndd	iddress:	دب	
		Tracey B. Braceo			ddress:	. 02	
	Ī	NEW Registered Office Address:			; ,		
	_	450 S. Orange Avenue, 14th Floor		,	· · · · · · · · · · · · · · · · · · ·		
	_	Orlando FL	32801				
chang agent was/v	ge o Livil were	nited liability company is not organized under the law or changes are made, the Florida street address of the Il be identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of or of organization or the operating agreement of the l	registe bility of the li- imited	rec con mit l lia	red office and the business office of the re- company, it is hereby confirmed that the c mited liability company or as otherwise p liability company.	gistered hange(s)	l)
ein.	0	re of a member or authorized representative of a member		ace	Printed or typed name of signee	······	
I her provi the or to me notifi	eby ision hlig rely ed i	raccept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided y reflect a change in the registered office address. I have the proper and complete parties of this change.	e to a perforn for in ereby	ct i nav Cr cor	at the data assumption. I finether assume to com-	oly with a and acc being fi has been	the cept iled n
		and the state of t					

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