

M130000001427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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1 ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 282323 7955665

AUTHORIZATION :



COST LIMIT : \$25.00

ORDER DATE : December 6, 2021

ORDER TIME : 9:45 AM

ORDER NO. : 282323-005

CUSTOMER NO: 7955665

CHANGE OF AGENT

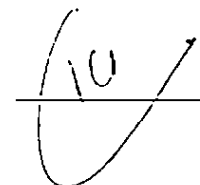
NAME: CB ARLINGTON RIDGE LANDCO LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CB ARLINGTON RIDGE LANDCO LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELLEN E. JAMASON

Name of Person

COMMON BOND CAPITAL PARTNERS, LLC

Firm/Company

66 MARYMONT AVENUE

Address

ATHERTON, CA 94027

City/State and Zip Code

ellen@jamason.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen E. Jamason

650

556-1133

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: CB ARLINGTON RIDGE LANDCO LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

720 GLORIETTA BLVD. SUITE 200

720 GLORIETTA BLVD., SUITE 200

CORONADO, CA 92118

CORONADO, CA 92118

November 22, 2013

M13000007427

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
HOPPING GREEN & SAMS, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

119 SOUTH MONROE STREET, SUITE 300

TALLAHASSEE, FL 32301

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:


Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

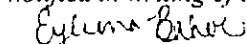


Signature of a member or authorized representative of a member

Ellen E. Jamason

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

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

2021 11 - 6 AM 9:03