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TO LANGE OF STATE

Y SULKER NOV 0 5 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Alexxis Weiland

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 156848 4328604								
AUTHORIZATION: Spelle Man								
COST LIMIT : \$ 25.00								
ORDER DATE: October 22, 2021								
ORDER TIME : 3:43 PM								
ORDER NO. : 156848-154								
CUSTOMER NO: 4328604								
CHANGE OF AGENT								
NAME: ARCP RL PORTFOLIO IX, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY								

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.

Name of the limited liability company: ARCP RL PORTFOLIO IX, LLC							
2. (8	1)	2325 E. Camelback Road		(b)	2325 E.	Camelback Road	
,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	· 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		9th Floor			9th Floor		
		Phoenix, AZ 85016	_		Phoenix,	AZ 85016	
		07/16/2014		N	M1400000	05029	
3.		Date of filing/registration in Florida	4.	_	_	Document number	
5. (a)	C T CORPORATION SYSTEM					
·		Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD	the Flor	ida I	Dept. of Stat	te:	
		Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	:SS)		_	
						78	
		PLANTATION	33324	1		-	
		, FL			_	- Interest	
(b) .						
		Emer name of NEW Registered Agent and/or NEW Registered	Office	addı	ress:	- 300 A A	
		Corporation Service Company				MOLHICA - I MI IO: TO	
		NEW Registered Office Address:			_ <u></u> _	- FA -	
		1201 Hays Street				,	
		- 1201 Flays Officet				-	
		Tallahassee	32301				
agent was/v the ar	w ver tic	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of les of organization or the operating agreement of the l	registe bility of the li	red com mite	office and pany, it is ed liability	d the business office of the registered s hereby confirmed that the change(s)	
Signature of a member or authorized representative of a member							
						Printed or typed name of signee	
I hero provis the ob to me notific	eb dio lig rel ed	v accept the appointment as registered agent and agre ns of all statutes relative to the proper and complete p gations of my position as registered agent as provided y reflect a change in the registered office address. I ha in writing of this change.	e to ac perform for in greby c	et in nan Che conj	this capa ce of my a apter 605, firm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been	
Signat	นก	Mace C-Kuby of Registered Agent					
Grac	e l	3. Kirby, Asst. Vice President					

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