## M14000005049

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filling Officer.				

Office Use Only



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Y SULKER NOV 0 5 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195					
REFERENCE	: 156848 4328604					
AUTHORIZATION	Spullenan					
COST LIMIT	: \$ 25.00					
ORDER DATE : October 22, 2021	· · · · · · · · · · · · · · · · · · ·					
ORDER TIME : 3:44 PM						
ORDER NO. : 156848-169						
CUSTOMER NO: 4328604						
CHANGE OF AGENT						
NAME: ARCP RL PORTFOLIO V, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT DEDCON Alamaia (1.1.)	1					
CONTACT PERSON: Alexxis Weiland						

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.

1. N	ame of the limited liability company: ARCP RL POR	RTFOLIO V	, LLC	
2. (a)	2325 E. Camelback Road	(b	2325 E. C	Camelback Road
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,		dailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	9th Floor		9th Floor	
	Phoenix, AZ 85016	_	Phoenix, /	AZ 85016
	07/16/2014	ı	M14000005	5049
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	Tthe Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>	
	PLANTATION	33324		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	l Office add	ress:	AND PLY OF STATE
	NEW Registered Office Address:		<del></del>	SER S
	1201 Hays Street			O. T.
				LE O
	Tallahassee FI	32301		
change agent w was/we	mited 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- re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registered ability com of the limit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s)
<u> </u>	<u>Xiu &amp; Coni</u>	Jill Ci	lmi, Authori	zed Person
	ure of a member or authorized representative of a member			Printed or typed name of signee
he obli o mere	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act in performan I for in Ch iereby con	i this capac ce of my di apter 605. firm that th	ity. I further agree to comply with the sties, and I am familiar with and accept F.S. Or, if this document is being filed a limited liability company has been
Signatur	Drace C-Kubly e of Registered Agent			
Grace	E. Kirby, Asst. Vice President			

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