## M1400000 8706

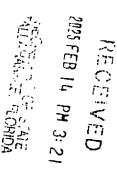
(Requestor's Name)									
(Address)									
(1001000)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Cartificate of Status									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
,									

Office Use Only



900442653709

FILED
2025 FEB IL PH 2: 57



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000195									
REFERENCE	:	975926 8357825									
AUTHORIZATION	:										
COST LIMIT	:	\$ 25.0									
ORDER DATE : February 11, 202	5										
ORDER TIME : 12:46 PM											
ORDER NO. : 975926-039											
CUSTOMER NO: 8357825											
CHANGE OF AGENT											
NAME: CP BOCA PLAZA LLC											
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:											
CERTIFIED COPY PLAIN STAMPED COPY											
CONTACT PERSON: Shauna Godbolt											
EXA	AMIN	NER'S INITIALS:									

## $\hbox{\bf \bullet STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY }$

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.

١.	Na	me of the limited liability company: CP BOCA PLAZ	ZA LLC							
2. (	a)		r1	h)						
2. (,	., .	Principal office address of limited liability company:  ( <u>Note: MUST BE STREET ADDRESS</u> )	''	ility con FICE B						
		5355 TOWN CENTER ROAD, SUITE 350			5355 TOW	'N CENTER ROAD, SUI	TE 35	0		
		BOCA RATON, FL 33486			BOCA RAT	TON, FL 33486				
		12/05/2014		ſ	M14000008	3706				
3.		Date of filing/registration in Florida	4.	_		Document number				
5. (	'n )									
.). (	(a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Florid	a f	Dept. of State:					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<b>1</b>	202			
		1200 SOUTH PINE ISLAND ROAD					37.5	77		
		PLANTATION F1	33324			HASS	B IL			
(	b) ,	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	ress:	TÀLLAHASSEE. FLORIDA	2025 FEB 14 PM 2: 57					
		NEW Registered Office Address:								
	1201 Hays Street									
		Tallahassee , FL	32301	_						
char ager was	ige it w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members cales of organization or the operating agreement of the	register ability co of the lin	ed on nit	l office and apany, it is l ted liability	the business office of the hereby confirmed that the company or as otherwise	ie regis ie chai	stered nge(s)		
/S/ Brett Schwenneker				Brett Schwenneker, Authorized Person						
I he prove the to me noting	ereh visio ohli vere fied vatur	ure of a member or authorized representative of a member by accept the appointment as registered agent and agr bons of all statutes relative to the proper and complete geations of my position as registered agent as provide by reflect a change in the registered office address. It fin writing of this change.  The of Registered Agent	ree to ac perform d for in ( hereby c	t in Ch On	n this canac	Printed or typed name of sign city. I further agree to c uties, and I am Jamilian F.S. Or, if this docume we limited liability comp	omply	with the nd accept ling filed s been		
Grac	еE.	Kirby, Asst. Vice President								

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 975926