M1500009176

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(c. y, , y
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLAHASSEE, FL

2024 SEP -5 PM 3: 50

:



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

	ACCOUNT NO.	:	120000001	95							
	REFERENCE	:	609283	8295390							
	AUTHORIZATION	:									
	COST LIMIT	:	\$ 25.00	10-11							
	-			- Grand Conson							
ORDER DATE :	August 28, 2024										
ORDER TIME :	2:31 PM										
ORDER NO. :	609283-158										
CUSTOMER NO:	8295390										
		-									
CHANGE OF AGENT											
NAME :	IVT RIO PINAR LLC	PL	AZA ORLANDO	,							
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:							
CERTII PLAIN											
CONTACT PERSON: Amanda Miller											
	EX	AMII	NER'S INITIA	ALS:							

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.	Na	ame of the limited liability company: IVT RIO PINAR	PLAZA	0	RLANDO,	, LLC				
2.	(a) 3025 Highland Parkway Suite 350			(b) 3025 Highland Parkway Suite 350						
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-,		Mailing address of limited (Note: MAY BE POST				
		Downers Grove, IL 60515	_		Downers	Grove, IL 60515				
		11/16/2015	- - <u>,</u>	 -	M1500000					
3.		Date of filing/registration in Florida	4.			Document number				
		Registered Agent and Registered Office shown on the records of to C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET A 1200 SOUTH PINE ISLAND ROAD	he Florida		Dept. of State	e: _				
		PLANTATION .FL	33324			- TA	2024 SEP			
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office ad	<u>idı</u>	ress:	LAHASSEE,	SEP -5 AH 9:	ST. ST. ST.		
		NEW Registered Office Address:		_	·		വ			
		1201 Hays Street		_		_	9			
		Tallahassee, FL_	32301	_		_				
cha age wa	ange ent w s/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 are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim	ed om nite	office and pany, it is ed liability	d the business office of s hereby confirmed the y company or as othe	of the at the	registered change(s)		
	/S/	CHRISTY L. DAVID	CH	RI	STY L. DA	AVID. AUTHORIZED	PER:	SON		
Signature of a member or authorized representative of a member					Printed or typed name of signee					
[h pro the to i not	ereb visio obli nere ifiea	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	e to act performa for in C ereby co	ir an Ch On	this capa ce of my d apter 605, firm that t	acity. I further agree duties, and I am famil , F.S. Or, if this docu the limited liability co	to co iar w iment impar	mply with the ith and accept is being filed in has been		
C :-	<u></u>	Characteristic GRACE E. KIRBY. AS	ST. VIC	DE:	PRESIDI	ENT				
وازي	matur	re of Registered Agent								