M14000000708

(Requestor's Name)								
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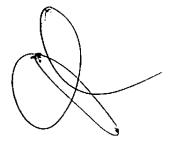
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THE CANADARY OF THE STORY

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 768129 818293

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: May 24, 2023

ORDER TIME : 1:50 PM

ORDER NO. : 768129-004

CUSTOMER NO: 8182938

CHANGE OF AGENT

NAME: FLORIDIAN SANDALWOOD MHC, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

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.	Na	me of the limited liability company: FLORIDIAN S	SANDALV	۷O	OD MHC,	LLC				
2	(a)	233 S. Wacker Drive		(b)	233 S. W	acker Drive				
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Maiting address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 4700					
		Suite 4700								
		Chicago, IL 60606			Chicago,	IL 60606				
		01/27/2016			M1600000	0708				
3.		Date of filing/registration in Florida	4.	-	•	Document number				
5.	(a)	NRAI SERVICES, INC.					٠.	2		
	(4)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	of the Flori	da l	Dept. of State	- - -	TALL AHASSELS FL	2023 HAY 25 AH 10: 14	3 154	
		Registered Office Address (MUST BE FLORIDA STREE	T ADDRE.	SS)					j n	
		PLANTATION I	33324 L							
	/ L . \							±_		
	(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	add	ress:	-				
		Corporation Service Company								
		NEW Registered Office Address:				=				
		1201 Hays Street				_				
		Tallahassee F	32301			-				
cha age wa:	inge int w s/we	mited liability company is not organized under the loor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registe liability o s of the li	red com mit	office and ipany, it is ed liability	I the business office hereby confirmed the company or as other	of the rehat the c	egister :hange	ed (s)	
		/s/ Lakecia Stanford	La	ike	cia Stanfor	d, AUTHORIZED P	ERSON			
	_	ure of a member or authorized representative of a member	-			Printed or typed name of	_			
pro the to t	visic obli nere	y accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, if you writing of this change.	gree to ac le perforn led for in I hereby c	ct in nan Ch con	n this capa ice of my d apter 605, firm that t	city. I further agree luties, and I am fami F.S. Or, if this doc he limited liability c	e to com liar with ument is ompany	ply with and c s being has be	h the iccept filed en	
Sig	natur	e of Registered Agent	Grace E	. K	irby. Asst.	Vice President				

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