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A. BUTLER
MAD 2 4 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 595920 AUTHORIZATION : COST LIMIT : \$25(1/00) ORDER DATE: March 17, 2023 ORDER TIME : 1:43 PM ORDER NO. : 595920-066 CUSTOMER NO: 8182938 CHANGE OF AGENT NAME: SUNSET ISLE RV RESORT, 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.

2. (a)	233 S. Wacker Drive		233 S. V	Vacker Drive
2. (a) <u>.</u>	Principal office address of limited liability company:		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(Note: MUST BE STREET ADDRESS) Suite 4700		Suite 470	
			***	.,
	Chicago, IL 60606		Chicago,	, IL 60606
	02/22/2016		M1600000	01453
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI SERVICES, INC.			
(11)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Flori	da Dept. of Sta	ete:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_
	PLANTATION	. 33324	<u> </u>	
	, F	1,		F*^ 1 2023 HAR
(h)				HAR F
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	address:	- - 23
				· ·
	Corporation Service Company			
	NEW Registered Office Address:			, ഗ്വ
	1201 Hays Street			
	Tallahassee , F	նը 32301		
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members cles of organization or the operating agreement of th	e registe liability of the li e limited	ered office and company, it imited liabili I liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
	/S/ Jill Cilmi	Ji —	II Cilmmi, Au	Ithorized Representative
~	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to m e r	by accept the appointment as registered agent and ag ons of all statules relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, if I in writing of this change	gree to a e perfori led for in l hereby	ect in this cap mance of my a Chapter 60 confirm that	pacity. I further agree to comply with the eduties, and I am familiar with and accepts, E.S. Or, if this document is being filed the limited liability company has been

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