## Moadbilla

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

Office Use Only



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2024 SEP -5 PH 12: 23
SECREDARY OF STATE
TALLAHASSEE, FL

ALLAHASSELA LOI

2024 SEP -5 PH 3: 50



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	0. :	1200000001	.95							
REFEREN	CE :	609283	8295390							
AUTHORIZATI	ON :									
COST LIM	IT :	\$ 25.00	.i i <b>I</b> =							
ORDER DATE : August 28, 20	24		O Proce							
ORDER TIME : 2:31 PM										
ORDER NO. : 609283-190										
CUSTOMER NO: 8295390										
<u>CHANGE OF AGENT</u>										
NAME: IVT WESTFORK PLAZA PEMBROKE PINES, LLC										
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FILI	NG:							
CERTIFIED COPY XX PLAIN STAMPED COPY										
CONTACT PERSON: Amanda Mil	ler									
	EXAMI	NER'S INITI	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	une of the limited liability company:IVT WESTFORK						
2. (	a)	3025 Highland Parkway Suite 350	(	'են	3025 High	nland Parkway Suite 350		
(u)	u <i>)</i>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		Downers Grove, IL 60515			Downers (	Grove, IL 60515		
			_					
		12/16/2016	_	_1	M1600001	0109		
3.		Date of filing/registration in Florida	4.			Document number		
5. (	(a)							
	` .	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		C T CORPORATION, SYSTEM						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	SS)	_	co 2		
		1200 SOUTH PINE ISLAND ROAD				024 Eur Tali		
		PLANTATION FL	33324			FILE 1 2024 SEP -5 PH SECKE FALL OF TALLAHASSEE		
						HAS T		
(	b)	Inter name of NEW Registered Agent and/or NEW Registered Office address:				SEP PH		
		Enter name of NEW Registered Agent and/or NEW Registered (	Office a	<u>aa</u>	ress:	PH 12: 24 OF STATE SEE, FL		
		Corporation Service Company				LE 24		
		NEW Registered Office Address:						
		1201 Hays Street						
		Tallahassee . FL	32301					
16 th	љ I;	mited liability company is not organized under the law	r of the	۰. ۲	tata of Flo	ride it is boroby confirmed that after the		
char ager was/	ige it w	or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liabure authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	register bility co the lin	red on nit	l office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
15	s/ C	hristy L. David	Ch	ris	ty L. David	, Authorized Person		
Sig	znat	ure of a member or authorized representative of a member				Printed or typed name of signce		
prov the o to m	risio obli ere	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 ha I'in writing of this change.	e to ac perform for in ( ereby c	rt in nar Ch ron	n this capa ice of my d apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been		
Sign	<u>C</u>	GRACE E. KIRBY, ASST. VI	ICE PR	E:	SIDENT			