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

	ACCOUNT NO.	:	1200000001	95
	REFERENCE	:	609283	8295390
	AUTHORIZATION	:		
	COST LIMIT	:	\$ 25.00	A Change
ORDER DATE :	August 28, 2024			Chrospith & Control of the Control o
ORDER TIME :	2:29 PM			
ORDER NO. :	609283-139			
CUSTOMER NO:	8295390			
				

CHANGE OF AGENT

NAME: IVT PARAISO PARC PEMBROKE PINES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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.

(a)	3025 Highland Parkway Suite 350	((b)
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	、	Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BON</u>)
	Downers Grove, IL 60515		Downers Grove, IL 60515
	12/27/2016		M16000010362
	Date of filing/registration in Florida	4.	Document number
	C T CORPORATION SYSTEM		
	C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET 1200 SOUTH PINE ISLAND ROAD	<u>ADDRES</u>	
	Registered Office Address (MUST BE FLORIDA STREET	33334	
(b)	Registered Office Address (MUST BE FLORIDA STREET 1200 SOUTH PINE ISLAND ROAD	33334	2024 SEP
(b)	Registered Office Address (MUST BE FLORIDA STREET 1200 SOUTH PINE ISLAND ROAD	L	2024 SEP
(b)	Registered Office Address (MUST BE FLORIDA STREET 1200 SOUTH PINE ISLAND ROAD PLANTATION, F	L	2024 SEP
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(b)	Registered Office Address (MUST BE FLORIDA STREET 1200 SOUTH PINE ISLAND ROAD PLANTATION	L	2024 SEP

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ CHRISTY L. DAVID

CHRISTY L. DAVID, AUTHORIZED PERSON

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent GRACE E. KIRBY, ASST. VICE PRESIDENT

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