M17000004666

(Requestor's Name)	
(Address)	4003513
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/04/2001
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



339884

1025--001 ++25.00

10/19/20 VS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 2, 2020

Order#: 400106-230

Re: ARVM 5, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX ___ Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. N	ame of the limited liability company:	LLC		
2. (a)	5001 Plaza on the Lake, Suite 200		_ (b)_	
2. (u)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	ıy:	_ (0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Austin, TX 78746		 	
	05/30/2017		N	17000004666
3.	Date of filing/registration in Florida		4.	Document number
5. (a)	Capitol Corporate Services, Inc.			
J. (u)	Registered Agent and Registered Office shown on the reco	rds of th	ne Florida De	ept. of State:
	515 East Park Avenue, 2nd Floor			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Tallahassee	, FL_	32301	
	Enter name of NEW Registered Agent and/or NEW Registered Agent Corporation Service Company	istered (Office addre	<u>555</u> :
	NEW Registered Office Address:			
	1201 Hays Street		<u> </u>	
	Tallahassee	_, FL_	32301	
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	of the r ted liat bers of	egistered onling comparts the limite	any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	/ Jill Cilmi		Jill Cilr	ni, Authorized Person
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pro ely reflect a change in the registered office addre d in writing of this change.	d agre plete p ovided ss. I hë	e to act in erformanc for in Cha ereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
5	Ceim Lei	Co	rporation	Service Company
Signature of Registered Agent Ami M. Casp			per, Asst. Vice President	