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Account Number : FCA000000023 Phone : (954)208-0845 Phone Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE CNL GROWTH PROPERTIES III, LLC

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C. BRUMBLEY

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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.

I. No	nme of the limited liability company: CNL GROWTH	PROPERTIES	S III, LLC	
2. (a)	No Change	(b) No Change		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	01/08/2018		8000000179	
3.	Date of filing/registration in Florida	4,	Document number	
5. (a)	FURMAN, RYAN			
(b)	Registered Agent and Registered Office shown on the records o	f the Florida Dep	ot, of State:	
	Registered Office Address (MUST BE FLORIDA STREET 450 S ORANGE AVENUE	'ADDRESS)		
	ORLANDO, F	L 32801	202 TA	
	C T Corporation System		PIL 2022 AUG 29 SEGGE ANS 29 TALLER HAS	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	FILED 10629 MM 9:25 10 MASSEE, FLITE	
	NEW Registered Office Address:			
	1200 South Pine Island Road		7 25 E	
	Diagratica	2274		
	Plantation, F	L 33324		
the cha agent v was/wa	imited liability company is not organized under the laining or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register liability comp of the limited le limited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.	
Sion	ide of a member or authorized representative of a member	JOE DA	VIS, MANAGER Printed or typed name of signee	
I here, provis, the obj to mere notified	hy accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change. C. T. Corporation System Will Hald.	gree to act in te performant led för in Cha I hereby confi	this canacity. I further garee to comply with the	

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

Signature of Registered Agent