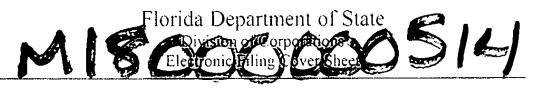
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Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954) 208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	E٢	Пa	i	1	Ad	d	r	е	5	s	:
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LLC REGISTERED AGENT CHANGE CLP CYPRESS MANAGER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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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.

. Na	me of the limited liability company: CLP CYPRESS M	ANAGER, LI	l.C
. (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)
	01/17/2018	M18	000000514
•	Date of filing/registration in Florida	4.	Document number
. (a)	RYAN FURMAN		
	Registered Agent and Registered Office shown on the records of the	he Florida Dept	i. of State:
	450 S, ORANGE AVENUE		
	Registered Office Address (MUST BE FLORIDA STREET A	2022	
	ORLANDO , FL	32801	2022 AUG 2
(b)	C T Corporation System		29 AM
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FL	33324	
he cha igent v vas/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liagreement of the liagreement of	the registered bility compa f the limited limited liabil	d office and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
<u> </u>	fure of a member or authorized representative of a member	JOE DAV	VIS, MANAGER Printed or typed name of signee
I here provisi he obl o mer otified y: Mict	hy accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. CT Corporation System While Holden Asst Sect	ee to act in the performance I for in Chap tereby confir	