## M18000001696

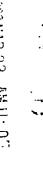
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A. BUTLER

MAR 2 4 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 595920 8182938

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 17, 2023

ORDER TIME : 1:45 PM

ORDER NO. : 595920-073

CUSTOMER NO: 8182938

## CHANGE OF AGENT

NAME: WEKIVA FALLS RV RESORT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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.

1. N	ame of the limited liability company: WEKIVA FALL	S RV RES	ORT LLC				
2. (a)	233 S. Wacker Drive, Suite 4700	(h	(b) 233 S. Wacker Drive, Suite 4700				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)				
	Chicago, IL 60606		Chicago,	IL 60606			
	02/16/2018		M18000001696				
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida NRAI SERVICES, INC.	4.	·	Document number			
υ. (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Florida	Dept. of State	- ::			
	Registered Office Address (MUST BE FLORIDA STREET	-					
	PLANTATION, FI	33324 L			2023 HAK	٠ -	יע: יו י יו
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ado	lress:		5.7		مند ه ب
	Corporation Service Company			-	. =	75 II: 07	J
	NEW Registered Office Address:					_;;	
	1201 Hays Street	·					
	Tallahassee, FI	32301					
agent v	imited liability company is not organized under the later changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered ability core of the limi	I office and npany, it is ted liability	I the business office of hereby confirmed that company or as other	f the reg it the cha	gister ange(	ed (s)
	/S/ Jill Cilmi	Jill C	ilmi, Author	rized Representative			
Signature of a member or authorized representative of a member			Printed or typed name of signee				
the obl	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I have writing of this change	ree to act i performa d for in Ci hereby coi	n this capa nce of my d hapter 605, ifirm that ti	city. I further agree t luties, and I am famili F.S. Or, if this docu he limited liability con	o compl ar with i nent is h npany h	y wit and o peing as be	h the iccept filed ien

Grace E. Kirby, Asst. Vice President Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent