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Office Use Only

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

n e e e

	ACCOUNT NO.	:	120000000	195
	REFERENCE	:	609283	8295390
	AUTHORIZATION	:		
	COST LIMIT	:	\$ 25.00	
ORDER TIME :				Constance
ORDER NO. :	609283-143			
CUSTOMER NO:	8295390			

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CHANGE OF AGENT

NAMÉ: IVT PGA PLAZA PALM BEACH GARDENS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

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 PLAIN STAMPED COPY

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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) 3025 Hi	ighland Parkw	vay Suite 350
~ /	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 BOX</u> )		
	Downers Grove, IL 60515		Downers	s Grove, IL 60	0515
	05/08/2018		M180000	)04464	
	Date of filing/registration in Florida	4.	<u>.</u>	Document i	number
	C T CORPORATION SYSTEM		da Dept. of Sta		
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	C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREE 1200 SOUTH PINE ISLAND ROAD	TADDRES			
	Registered Office Address (MUST BE FLORIDA STREE 1200 SOUTH PINE ISLAND ROAD	TADDRE: FL_33324	<u>\$55)</u>	_	2024 SECT
(b)	Registered Office Address (MUST BE FLORIDA STREE 1200 SOUTH PINE ISLAND ROAD PLANTATION	FL_33324	<u>\$5)</u>		2024 SEP SECRED TALLA
(b)	Registered Office Address (MUST BE FLORIDA STREE 1200 SOUTH PINE ISLAND ROAD	FL_33324	<u>\$5)</u>		
(b)	Registered Office Address       (MUST BE FLORIDA STREE         1200 SOUTH PINE ISLAND ROAD         PLANTATION         Enter name of NEW Registered Agent and/or NEW Registered	FL_33324	<u>\$5)</u>		-5 AH 9: HASSEE, F
(b)	Registered Office Address       (MUST BE FLORIDA STREE         1200 SOUTH PINE ISLAND ROAD         PLANTATION         Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	FL_33324	<u>\$5)</u>		-5 AH

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.

GRACE E. KIRBY, ASST, VICE PRESIDENT  $\mathcal{O}$ ωD. Signature of Registered Agent

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

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