4/22/24, 6,19 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 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.

LLC REGISTERED AGENT CHANGE RREEF CPIF COMMERCE TURNPIKE CENTER JV, LLC

| Certificate of Status | 0 |
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APR 2 4 2024 K. Brumble)

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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.

| 1. N | ame of the fimited liability company:RREEF CPIF C | ommerce Tur | npike Center JV, LLC | |
|---|--|--|---|--|
| | | | | |
| · | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 222 South Riverside 34th Floor | 22 | 2 South Riverside 34th Floor | |
| | Chicago, 1L 60606 | Chicago, IL 60606 | | |
| | 10/05/2018 | MI | 8000009144 | |
| 3. | Date of filing/registration in Florida | 4, | Document number | |
| 5. (a) | The Corporation Trust Company | | | |
| , | Registered Agent and Registered Office shown on the records of t | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND RD | (DDRESS) | | |
| | PLANTATION | 33324 | 2024 | |
| .1. | C T Corporation System | | 7.7 10 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office addres | | |
| | | | | |
| | | | | |
| | NEW Registered Office Address: | | | |
| | 1200 South Pine Island Road | | | |
| | Plantation FL | 33324 | | |
| the ch. agent was/w the art Signs I here provis the obto mer | imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the manufacture of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change. 2. C. T. Carfornion System Mark Holloway | the register ability comp of the limited limited liab Va | ed office and the business office of the registered rany, it is hereby confirmed that the change(s). I liability company or as otherwise provided in idity company. nessa C. Lew Printed or typed name of signee. this capacity. I further surge to countly with the | |

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