## M18000011495

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
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|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| Office Use Only                         |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

|              | ACCOUNT NO.    | ; | I2000000195    |
|--------------|----------------|---|----------------|
|              | REFERENCE      | : | 595920 8182938 |
|              | AUTHORIZATION  | : | syntill man    |
|              | COST LIMIT     | : | \$ 25.00       |
|              |                |   |                |
| ORDER DATE : | March 17, 2023 |   |                |
| ORDER TIME : | 1:47 PM        |   |                |
| ORDER NO. :  | 595920-033     |   |                |
| CUSTOMER NO: | 8182938        |   |                |

## CHANGE OF AGENT

NAME: LAKEWOOD VILLAGE MHC LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN 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.

| . N        | ame of the limited liability company:   |                    |   |
|------------|---|--------------------|---|
| . (a)      | 233 S. Wacker Drive   |                    | (b) 233 S. Wacker Drive   |
|            | Principal office address of limited liability company:<br>( <i>Note: MUST BE STREET ADDRESS</i> )   |                    | Mailing address of limited liability company;<br>( <u>Note: MAY BE POST OFFICE BOX</u> )  |
|            | Suite 4700  |                    | Suite 4700  |
|            | Chicago, IL 60606   |                    | Chicago, IL 60606   |
|            | 12/20/2018  |                    | M18000011495  |
|            | Date of filing/registration in Florida  | 4.                 | Document number   |
|            | NRAI SERVICES, INC.   |                    |   |
| (a)        | Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD  | f the Flor         | da Dept. of State:  |
| (a)        | Registered Agent and Registered Office shown on the records of  |                    |   |
| (a)        | Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD  | <u>ADDRE</u>       | <u>SS)</u>  |
| (a)<br>(b) | Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD<br>Registered Office Address (MUST BE FLORIDA STREET   | <u>ADDRE</u>       | <u>SS)</u>  |
|            | Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD<br>Registered Office Address (MUST BE FLORIDA STREET   | <u>* addre</u><br> | 55)<br>7023 HAF   |
|            | Registered Agent and Registered Office shown on the records of   1200 SOUTH PINE ISLAND ROAD   Registered Office Address   (MUST BE FLORIDA STREET   PLANTATION   , F   | <u>* addre</u><br> | <u>SS)</u><br><br>Address:<br>2023 HAR<br>2023 HAR<br>2 |
|            | Registered Agent and Registered Office shown on the records of   1200 SOUTH PINE ISLAND ROAD   Registered Office Address   (MUST BE FLORIDA STREET)   PLANTATION   Function   Finter name of NEW Registered Agent and/or NEW Registered | <u>* addre</u><br> | <u>SS)</u><br>2023 HAR 23<br>address: 23  |

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/ Jill Cilmi

Jill Cilmi, Authorized Representative

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 whange.

M CL C O Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314