M19000002462

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(Address)							
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SHIDA STALL MASSEE, FL

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.

l. N	lame of the limited liability company: VT LAKESIDE	E CROSS	ING WINTE	R PARK, LLC			
2. (a)	3025 Highland Parkway Suite 350	(30 2 5 Hig				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compar (<u>Note: MAY BE POST OFFICE BOX</u>)				
	Downers Grove, IL 60515		Downers Grove, IL 60515				
	03/14/2019		M1900000)2462			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET)	_ e: _					
	1200 SOUTH PINE ISLAND ROAD	ADDRES	<u>5)</u>				
	PLANTATION . F	33324		_			
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				SECT PART	2024 DEC 18	
	NEW Registered Office Address:		7	_	38.5 40.7	₽₩	
	1201 Hays Street			_	E.F.	$\dot{\sim}$	
	Tallahassee f	L_32301		_	JIL	09	
chang agent was/w the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne register liability co of the lin e limited	red office and ompany, it is nited liability liability con	d the business of s hereby confir y company or a npany.	office of the med that th as otherwise	e regist e chang e provid	ered ge(s)
	CHRISTY L. DAVID sature of a member or authorized representative of a member	— —	CHRISTY L. DAVID, AUTHORIZED PERSON Printed or typed name of signee				
I here provis the ol- to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complete oligations of my position as registered agent as provid rely reflect a change in the registered office address, led in writing of this change.	e perform led for in (I hereby c	ance of my e Chapter 605 onfirm that i	acity. I further duties, and I an i, F.S. Or, if th the limited liab	agree to confamiliar v	omply v vith and	l accent
Signat	ure of Registered Agent GRACE E. KIRBY. ASS	M. VICE	TRESIDEN	\ 1			