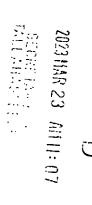
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PICK-UP WAIT	MAIL MAIL
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Certified Copies Certificates of S	tatus
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Special Instructions to Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195
	REFERENCE	:	595920 8182938
	AUTHORIZATION	:	Sychae man
	COST LIMIT	:	\$ 25.00
ORDER DATE : M	arch 17, 2023		· · · · · · · · · · · · · · · · · · ·
ORDER TIME :	1:37 PM		
ORDER NO. : 5	95920-020		
CUSTOMER NO:	8182938		
			
	CHANGE OF A	GEN:	$\underline{\Gamma}$
NAME:	FRIENDSHIP VI	LLA(GE MHC LLC
PLEASE RETURN T	ED COPY	PRO	OOF OF FILING:
XX PLAIN S	TAMPED COPY		

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)	233 S. Wacker Drive	(h	233 S. Wack	er D r ive			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Suite 4700		Suite 4700				
	Chicago, IL 60606		Chicago, IL 6	60606			
	05/07/2019		M1900000454	8			
	Date of filing/registration in Florida	 4.	Do	cument numb	er		
(2)	NRAI SERVICES, INC.						
(a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:				
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS			- 2		
					923 SEG		
	PLANTATION, F	 L 33324			2023 HAR 23 SECRETARY		
(b)			_ 				
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:		ALLE 07		
	Corporation Service Company				07		
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee . F	32301					
ange ent w is/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members teles of organization or the operating agreement of the	e registered lability cort of the limi	d office and th npany, it is he ted liability co	e business off reby confirme ompany or as o	ice of the registered d that the change(s)		
	/S/ Jill Cilmi	Jill C	ilmi, Authorize	d Representa	tive		
	are of a member or authorized representative of a member			nted or typed nar	2		
hereb	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete	ree to act i	n this capacity	es, and I am fo	ree to comply with the miliar with and accept document is being filed y company has been		

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

INHS18 (2/14)