## M19000004552

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Öocument Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

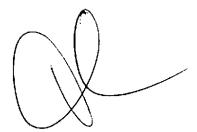
Office Use Only



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2023 MAY 25 AM 10: 1

RECEIVE,



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 768129 8182938

AUTHORIZATION : Synthetic Ra

COST LIMIT : \$ 25.00

ORDER DATE : May 24, 2023

ORDER TIME : 1:50 PM

ORDER NO. : 768129-007

CUSTOMER NO: 8182938

CHANGE OF AGENT

NAME: RIVERVIEW MHRV LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

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.

i.	Name of the limited liability company: RIVERVIEW M	IHRV LLC	
2. (a	233 S. Wacker Drive	(b)	Vacker Drive
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 4700	Suite 470	00
	Chicago, IL 60606	Chicago	IL 60606
	05/07/2019	M190000	04552
3.	Date of filing/registration in Florida	4.	Document number
5. (	nRAI SERVICES, INC.		
. (	Registered Agent and Registered Office shown on the records o  1200 SOUTH PINE ISLAND RD	f the Florida Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	2023 HAY 25
			7 · · · · · · · · · · · · · · · · · · ·
	PLANTATION	33324	<i>♥</i>
	· ·		
(l	b)		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	1. <del>-</del>
	Corporation Service Company		
	NEW Registered Office Address:		_
	1201 Hays Street		<u></u>
	Tallahassee	20204	
	Tallariassee, F	L	_
chan agen was/	e limited liability company is not organized under the la age or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	e registered office ar iability company, it i of the limited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	/s/ Lakecia Stanford	Lakecia Stanfo	ord, AUTHORIZED PERSON
I he. prov the o to mo notif		ree to act in this cap e performance of my ed for in Chapter 60: hereby confirm that Grace E. Kirby, Asst	duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
Signa	ature of Registered Agent		

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