M19000004565

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

Office Use Only



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2023 MAR 23 PH 12: 48



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MAR 2 4 2023

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

₽ 10 € 10 €

ACCOUNT NO. : I2000000195							
REFERENCE : 595920 8182938							
AUTHORIZATION: Squadera							
COST LIMIT : \$ 25.00							
ORDER DATE: March 17, 2023							
ORDER TIME : 1:41 PM							
ORDER NO. : 595920-052							
CUSTOMER NO: 8182938							
CHANGE OF AGENT							
NAME: RIDGECREST MHC LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
XX PLAIN 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.

2. (a)	233 S. Wacker Drive	(b)	(b) 233 S. Wacker Drive				
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Suite 4700		Suite 4700)			
	Chicago, IL 60606		Chicago, IL 60606				
	05/07/2019	1	И19000004	565			
3.	Date of filing/registration in Florida	4.	i	Document number			
5. (a)	NRAI SERVICES, INC.						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	:			
	1200 SOUTH PINE ISLAND RD				20%		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2023 MAR 23	• 0 • 0	
	PLANTATION	33324			23 PH12: 47		
(b)					1:5	**************************************	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	ress:		٦,		
	Corporation Service Company						
	NEW Registered Office Address:						
	1201 Hays Street	·					
	Tallahassee FI	32301					
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members of icles of organization or the operating agreement of the /S/ Jill Cilmi	e registered ability con of the limit limited lia	d office and apany, it is sed liability ability compilmi, Author	the business office of the hereby confirmed that company or as otherwoany. ized Representative	the registe the chang ise provid	ered e(s)	
	ture of a member or authorized representative of a member			Printed or typed name of sig	-		
provisi the obl to merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I havriting of this change.	ree to act i performan d for in CI hereby con	n this capac ice of my di iapter 605, ifirm that th	city. I further agree to uties, and I am familiar F.S. Or, if this docume to limited liability comp	comply w with and ant is bein cany has i	ith the accept g filed been	

Grace E. Kirby, Asst. Vice President

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

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Signature of Registered Agent