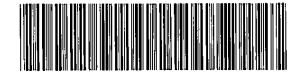
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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2021 OCT -7 ATT 9: 07

OCT 08 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 067054 7939173

- Alares

AUTHORIZATION

COST LIMIT : \$ 25 \ \ 200

ORDER DATE : October 4, 2021

ORDER TIME : 2:09 PM

ORDER NO. : 067054-055

CUSTOMER NO: 7939171

CHANGE OF AGENT

NAME: SLR CIV DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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.

1.	Na	me of the limited liability company: SLR CIV DE	VELOPMI	ENT, LLC			
2.	(a)	2300 N. Field Street, Suite 800		(b)			
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Dallas, TX 75201					
		07/17/2019		M190000	06940		
3.		Date of filing/registration in Florida	4.		Document number	_	
5.	(a)	C T Corporation System			_		
		Registered Agent and Registered Office shown on the record 1200 South Pine Island Road	ls of the Flor	ida Dept. of St	ate:		
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>SS)</u>	_	2	
		•				021	
		Plantation	, FL3332	24		2021 007 -7	3.3
							-
	(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office	address:	<u> </u>	AII 9: 0	
		Corporation Service Company				: 07	· Car
		NEW Registered Office Address:			_		
		1201 Hays Street			_		
		Tallahassee	, FL				
cha age wa	inge ent w s/we	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membeoles of organization or the operating agreement of	the registed d liability of rs of the li	red office ar company, it mited liabili	nd the business office of the is hereby confirmed that the ty company or as otherwise.	ne registe: he change	red e(s)
/s/ Thomas B. Bakewell Thomas B. B.					ikewell, Authorized Signer		
Signature of a member or authorized representative of a member				Printed or typed name of signee			
I h pro the to i not	ereb visio obli nere ified		agree to acete perform ided for in , I hereby (Corporati	ct in this cap nance of my Chapter 60 confirm that on Service	pacity. I further agree to c duties, and I am familiar 5, F.S. Or, if this documen the limited liability compo Company	omply wi with and at is being any has b	ith the accept g filed een
Sig	natur	c of Registered Agent	Ami M. (Casper, Ass	st. Vice President		