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To:	Division of Corporations					
	Fax Number	:	(850)617-6383			
From;						
	Account Name	:	LEGALINC CORPORATE SERVICES INC.			
	Account Number	;	120130000011			
	Phone	:	(844)385-0178			
	Fax Number	:	(214)317-4754			

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT CHANGE CHASE PROPERTIES II LID. LLC



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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)								
	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability compan (<u>Note: MAYBE POST OFFICE BOX</u>)					
	3333 Richmond Road, Suite 320, Beachword,		3333 Rich	3333 Richmond Road, Suite 320, Beachwood,				
	Ohio, USA, 44122		Ohio, USA, 44122					
	12/04/2019		M19000011550					
	Date of filing/registration in Florida	- 4.		Document number				
(a)				_				
	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	-						
	Registered Office Address (MUST BE FLORIDA STREET	-						
	1200 SOUTH PINE ISLAND ROAD	· · · ·						
	PLANTATION, F	L						
,b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	address	-				
	LEGALINC CORPORATE SERVICES INC.	- ~~						
	NEW Registered Office Address							
	5237 SUMMERLIN COMMONS BLVD, SUITE 400	-						
	FORT MYERS							

David A. Eli Signature of a member of a wither fized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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