## NIZCCCCOSTCZ

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



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TALLAHASSEE, FLORIDA

2022 JUN 28 PM 3: 3

TILED 1022 JUN 28 PM 2: 2 SECRETARY OF STAT

A. BUTLER JUN 29 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 764566 8379714						
AUTHORIZATION : Travelle :						
COST LIMIT : \$25.00						
ORDER DATE : June 22, 2022						
ORDER TIME : 1:44 PM						
ORDER NO. : 764566-135						
CUSTOMER NO: 8379714						
CHANGE OF AGENT						
NAME: WESTDALE REFLECTIONS 2020, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED 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.

1. Na	nme of the limited liability company: WESTDALE RE	FLECT	IONS 2020,	LLC	
2. (a)	2550 PACIFIC AVENUE		(b) 2550 PACIFIC AVENUE		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	o) <u></u> _	_	f limited liability company: E POST OFFICE BOX)
	SUITE:1600		SUITE:1	600	
	DALLAS, TX 75226	_	DALLAS	, TX 75226	
	04/14/2020		M2000000	)3702	
3.	Date of filing/registration in Florida	4.		Document nur	mber
5. (a)	CT CORPORATION SYSTEM				
J. (a)	Registered Agent and Registered Office shown on the records of t	he Floric	la Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>'S)</u>	-	
	PLANTATION .FL	33324		-	
(b)	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company	Office a	ddress:	_	FIL 2022 JUN 28 SECRETARY TALLAHAS
	NEW Registered Office Address:			<del></del>	लेन स्
	1201 Hays Street		<u> </u>	_	D 1 2: 29 5 FATE
	Tallahassee, FL	32301		<del>_</del>	<b>4</b>
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the less of organization.	register bility co f the lin	ed office an ompany, it i nited liabilit	nd the business of shereby confirming ty company or a	office of the registered med that the change(s)
/S/ Ji	/\$/ Jill Cilmi J		Cilmi, Autho	orized Person	
Signal	ture of a member or authorized representative of a member	_		Printed or typed	name of signee
provisi the obl to mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	e to ac perform for in t ereby c	t in this cap cance of my Chapter 602 onfirm that	acity. I further duties, and I an 5, F.S. Or, if th the limited liab	agree to comply with the n familiar with and accept is document is being filed ility company has been
	re of Registered Agent				
	Kirby Acet Vice Precident				

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