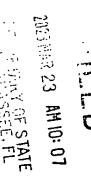
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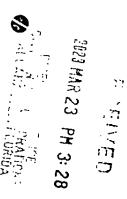
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 595920 8182938							
AUTHORIZATION : Francisco							
COST LIMIT : \$25.00							
ORDER DATE: March 17, 2023							
ORDER TIME : 1:35 PM							
ORDER NO. : 595920-008							
CUSTOMER NO: 8182938							
CHANGE OF AGENT							
NAME: ARCADIA LAND PARCEL LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY THE FOLLOWING AS PROOF OF FILING:							
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	me of the limited liability company: ARCADIA LAND	PAR	CE	LLC		
2. (233 S. Wacker Drive		(b)	233 S. W	/acker Drive	
(u, .	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 470	00	
		Chicago, IL 60606	_		Chicago,	IL 60606	
		07/30/2020		1	м2000000	6612	
3.		Date of filing/registration in Florida	4.	-		Document number	
5. ((a)	NRAI SERVICES, INC.					
	,	Registered Agent and Registered Office shown on the records of the 1200 S PINE ISLAND RD Registered Office Address (MUST BE FLORIDA STREET A)		_			
		PLANTATION FL	33324	ļ —		THE ED THE STATE OF STATE THE STATE AND SEE, FL	
	b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				FATE 07	
		NEW Registered Office Address:				•	
		1201 Hays Street		_		_	
		Tallahassee, FL_	32301		·	_	
chan agen was/	ge t w	mited liability company is not organized under the laws or changes are made, the Florida street address of the raill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the liab	egiste vility of the li	rec con mit	l office an ipany, it is ed liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
/S/ Jill Cilmi					Jill Cilmi, Authorized Representative		
I he prov the c to m notif	reb isio bli ere led	we of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of his change.	e to ac erfori for in reby	ct i nai Cl coi	n this cape ice of my e aapter 605 firm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
-		E. Kirby, Asst. Vice President Division of Corporations P.O. Bo	ox 63.	27	Tallaha:	ssee, FL 32314	

FILING FEE: \$25.00