Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H210003161943)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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 CTRE REAL ESTATE, L.L.C.

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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.

Na	ime of the limited liability company: CTRE REAL ES			
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	860 NORTH MAIN STREET EXT		333 SOUTH 7TH STREET FL 27, ATTN LEGAL	
	WALLINGFORD, CT 06492	<u>.</u>	MINNEAPOLIS, MN 55402	
	10/27/2020	M2	M20000009788	
	Date of filing/registration in Florida	4.	Document number	
. (a)	CORPORATION SERVICE COMPANY			
. (a)	Registered Agent and Registered Office shown on the records of	f the Plorida De	Dept. of State:	
	1201 HAYS STREET			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
			Name :	
	TALLAHASSEE. , F	J. 32301	121 A	
(b)	C T Corporation System	<u> </u>	FILEB SEC AM 9: 0 ALLANASSEC ALGA	
(07	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
			ω	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation	L 33324		
he cha igent v vas/w he art	imited liability company is not organized under the lange or changes are made, the Florida street address cwill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe iability comp of the limite	ered office and the business office of the register opens, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
	ture of a member or authorized representative of a member	Joe Da		
			Printed or typed name of signee	
mone	by occept the appointment as registered agent and ay ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, if the writing of this change ///////////////////////////////////	gree to act in le performan led for in Ch I hereby conj fred V o		

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