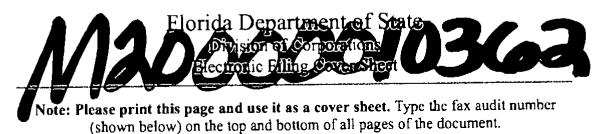
12/4/2020

Division of Corporations



(((H20000415590 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

*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 MOULTRIE OAKS MHC, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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Page: 3 of 3

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 | me of the limited liability company: Moultrie Oaks MH | C, LLC | . | *···· |
|---------------------------------------|---|--|--|---|
| . (a) | Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) | (| b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 2015 SPRING RD STE 255 OAK BROOK, IL 60523 | _ | 2015 SPR | ING RD STE 255 OAK BROOK, IL 60523 |
| | | | | |
| | 11/13/2020 | | M20000010 | · . 0362 |
| . (a) | Date of filing/registration in Florida CORPORATION SERVICE COMPANY | 4. | | Document number |
| . (4) | Registered Agent and Registered Office shown on the records of th | ic Flori | in Dept. of Stat | ie: |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS ST | | | |
| (b) | TALLAHASSEE FL | 32301 | | |
| | C.T Corporation System | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered (| Office a | ddress: | S: 51 |
| | NEW Registered Office Address: | | | <u>.</u> |
| | 1200 South Pine Island Road | | ·. | _ |
| | Plantation, FL | 33324 | | · |
| ne cha gent v ras/we ne arti | imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lawky. | the reg bility of the li imited | pistered office company, it mited liabili I liability con | e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. shardt, Manager |
| herei rovisi ie obl mere | ure of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change. | ee to a perform for in ereby | ct in this cap nance of my Chapter 60 confirm that | Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being file the limited liability company has been |
| y: | C T Corporation System re of Registered Agent | O | my. | Nichol McCroy, Assistant Secretary |