## M20000010491

(Requestor's Name)					
(Address)					
(Address)					
(					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Maine)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. MORNE					
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2024 FEB 29 AMII: 21 SECAETAAY OF STATE TATEMASSEE FLOORD

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	)195
	REFERENCE	:	330889	8433085
	AUTHORIZATION	:	Capal	Cena
	COST LIMIT	:	\$ 35.0	wer .
	February 23, 202	4		
ORDER TIME : 1	LO:0 AM			
ORDER NO. : 3	330889-076			
CUSTOMER NO:	8433085			
	. <b></b>			. – – – – – – – – – – –
	CHANGE OF A	GENT	<u> </u>	
NAME :	CROSS CREEK L	LC		
	THE FOLLOWING AS	PRO	OOF OF FIL	ING:
CERTIFI XX PLAIN S	ED COPY STAMPED COPY			
CONTACT PERSON:	Shauna Godbol	t		

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.

Name of the limi	ted liability company:CROSS CRE	v. CROSS CREEK LLC				
	enter Drive, Suite 200	(b)				
Principal	office address of limited liability company: ote: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
Highlands R	anch, CO 80129	<del></del> •				
11/17/2020		M	120000010491			
Date	of filing/registration in Florida	4.	Document number			
(a) C T Corporat	ion System					
Registered Agen	and Registered Office shown on the record	s of the Florida C	Dept. of State:			
1200 South	Pine Island Road					
Registered Office	e Address (MUST BE FLORIDA STRE	ET ADDRESS)	<del></del>			
Plantation		33324	<del></del>			
	,	FL				
			· · · · · · · · · · · · · · · · · · ·			
Enter name of N	EW Registered Agent and/or NEW Registe	red Office addr	ess:			
Sitter manie or <u>Fi</u>			<del>-</del>			
Corporation	Service Company					
NEW Registere	d Office Address:					
1201 Hays Street						
Tallahassee		FL				
ge or changes are t will be identica were authorized l	company is not organized under the made, the Florida street address of	laws of the State the registered I liability comes of the limite	tate of Florida, it is hereby confirmed that after to office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.			
/s/ David G. T		G. Thatcher, Authorized Person				
	or authorized representative of a member	<del></del>	Printed or typed name of signee			
reby accept the a isions of all statu bligations of my grely reflect a ch	ppointment as registered agent and a tes relative to the proper and comple position as registered agent as provi mge in the registered office address,	agree to act in ele performan ided for in Cha I hereby conj	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and acce apter 605, F.S. Or, if this document is being file firm that the limited liability company has been			
ied in writing of t	nis change.	Corporation	n Service Company			
ature of Registered A	gent	Ami M. Cas	sper, Asst. Vice President			