Page: 2 of 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002921053)))



| To:   |                               |                                    |          | ,10    |
|-------|-------------------------------|------------------------------------|----------|--------|
|       | Division of Co.<br>Fax Number | rporations<br>: (850)617-6383      |          | ];<br> |
| From: | Locount Name                  | : C T CCRPORATION                  | : SYSTEM |        |
|       | Account Number                | : FCA0000000023                    | . SIBILM | (      |
|       | rnone<br>Fax Number           | : (954)208-0845<br>: (614)573-3996 |          |        |
|       |                               | for this business                  |          |        |
|       |                               |                                    |          |        |
|       | - <del>-</del>                | GISTERED AGE                       | -        |        |
|       | - <del>-</del>                | CGIC ASSET MA                      | -        |        |
|       | CNL STRATE                    | CGIC ASSET MA                      | NAGEMENT |        |
|       | CNL STRATE                    | CGIC ASSET MA                      | NAGEMENT |        |

Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

From: Kaity Toon

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.

| I. Na   | nine of the limited liability company: CNL STRATEG   | HC ASSET M  | MANAGEMENT, LLC   |  |  |  |
|---|--|---|---|--|--|--|
| 2. (a)  | No Change  |   | (b) No Change   |  |  |  |
| (**)  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |  |  |  |
| ,   | 12/07/2020   |   | 120000011285  |  |  |  |
| 3.  | Date of filing/registration in Florida FURMAN, RYAN  | 4.  | Document number   |  |  |  |
| 5. (a)<br>(b)   | Registered Agent and Registered Office shown on the records o  | Dept. of State:   |   |  |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET) 450 S ORANGE AVENUE   | ZOZZ AUG<br>SECNATA   |   |  |  |  |
|   | ORLANDO F  | 32801<br>L  | )6 29 J   |  |  |  |
|   | C T Corporation System   | SSO B   |   |  |  |  |
|   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>  | d Office addre  | 9:15<br>9:15  |  |  |  |
|   | NEW Registered Office Address:   |   | <del></del>   |  |  |  |
|   | 1200 South Pine Island Road  |   |   |  |  |  |
|   | Plantation, F  | L_33324   |   |  |  |  |
| the cha<br>agent v<br>was/wa<br>the art                       | imited liability company is not organized under the lange or changes are made, the Florida street address owill 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 register<br>iability comp<br>of the limite<br>e limited liab | ered office and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.  DAVIS, MANAGER                              |  |  |  |
|   | iture of a member or attihorized representative of a member  |   | Printed or typed name of signee   |  |  |  |
| provis<br>the obj<br>to mer<br>notifie<br>By: <sub>Micl</sub> | hy accept the appointment as registered agent and as 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 in writing of this change.  C. T. Corporation System Will Holden, hele Holden, Asst Sect. | gree to act in<br>e performan<br>led for in Chi<br>I hereby conf    | n this capacity. I further agree to comply with the<br>nce of my duties, and I am familiar with and accept<br>hapter 605, F.S. Or, if this document is being filed<br>ifirm that the limited liability company has been |  |  |  |