M21000000213

| (8 | Requestor's Name) | | |
|---------------------------------|-------------------------|--------------|--|
| | | | |
| () | Address) | | |
| () | Address) | | |
| | City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (1) | Business Entity Name) | | |
| ((| Document Number) | | |
| . Copies Certificates of Status | | | |
| al Instructions to F | aling Officer: | | |
| | | | |
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| | | | |

Office Use Only



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2023 APR 26 AM 5: 45

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | |
|---|--|--|--|--|
| REFERENCE : 687337 7784733 | | | | |
| AUTHORIZATION: Crielle de man | | | | |
| COST LIMIT : \$ 25.00 | | | | |
| ORDER DATE: April 19, 2023 | | | | |
| ORDER TIME : 9:46 AM | | | | |
| ORDER NO. : 687337-027 | | | | |
| CUSTOMER NO: 7784733 | | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| NAME: CHANCE RIVER OAKS, LLC | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY 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.

| Name of the limited liability company: CHANCE RIVER OAKS, LLC | | | | |
|--|---|---|--|--|
| 2. (a) | | (b | b) | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 1451 Home Street | | 1451 Home Street | |
| | JACKSONVILLE, FL 32207 | | JACKSONVILLE, FL 32207 | |
| | 01/06/2021 | | M21000000213 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) |) | | | |
| 5. (u | Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC. | the Florida | a Dept. of State: | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | <u>্র</u> | |
| 1200 SOUTH PINE ISLAND ROAD | | 2023 APR | | |
| | PLANTATION FIL 33324 | | PR 26 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company | d Office add | Idress: | |
| | NEW Registered Office Address: | | | |
| | 1201 Hays Street | | | |
| | 720 Thays direct | | | |
| | Tallahassee, FI | 32301 | | |
| change agent was/w the art | limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members elicles of organization or the operating agreement of the | registere ability col of the limi | ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in | |
| | <u></u> | | Cilmi, Authorized Person | |
| I here provis the ob to mer notifie | ature of a member or authorized representative of a member by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change. | performa ed for in C hereby co | Printed or typed name of signee In this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been E. KIRBY, ASST. VICE PRESIDENT | |