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TOTAL STATE

FALLAHASSEE, FLORID,

RECEIVED

Cc)/17/21/

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 417106 8443025

AUTHORIZATION : CX

COST LIMIT : \$ 25\00

ORDER DATE : April 15, 2024

ORDER TIME : 2:20 PM

ORDER NO. : 417106-075

CUSTOMER NO: 8443025

CHANGE OF AGENT

NAME: CENTENNIAL WESTLAND MALL

PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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.

| l. | Na | me of the limited liability company: CENTENNIAL | WESTLA | 'N | D MALL P | ARTNERS, L | .LC | | |
|--|------------------------------------|--|---|------------------|--|---|---|---------------------------------------|---|
| | | | | | | | | | |
| (| / . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) | | | | | |
| | | 8750 N Central Expressway Suite 1740 Dallas, TX 75231 | | | 8750 N Central Expressway Suite 1740 Dallas, TX 75231 | | | | |
| | | | | | | | | | |
| | | 11/17/2021 | | ı | M2100001 | 5417 | | | |
| 3. | | Date of filing/registration in Florida | 4. | _ | | Document nu | umber | · | |
| 5. (| (a) | | | | | | | | |
| , | () | Registered Agent and Registered Office shown on the records of | the Florid | a [| Dept. of State | - :: | | | |
| | | C T CORPORATION SYSTEM | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | | |
| | | 1200 SOUTH PINE ISLAND ROAD | | | | | | rmen, | |
| | | PLANTATION | 33324 | | | _ | | | |
| | | | | | | _ | <u>.</u> | - . ; | |
| (| b) . | | | | | = | SS. | 1 | r . |
| | | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | Y OF | AH | () (|
| | | Corporation Service Company | | | | _ | STATI E. FL | AM 10: 01 | Course |
| | | NEW Registered Office Address: | | | | | П | | |
| | | 1201 Hays Street | | | | | | | |
| | | Tallahassee FI | 32301 | | | | | | |
| If th | e li | mited liability company is not organized under the la- | ws of the | , 5 | itate of Flo | rida it is her | ehv canti | rmed : | that after the |
| char ager | ige It w | or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li | registere ability co | ed om | l office and pany, it is | I the business hereby confi | s office of irmed tha | the re | egistered hange(s) |
| | | re authorized by an affirmative vote of the members or eles of organization or the operating agreement of the | | | | | as other | vise p | rovided in |
| | | Lie E Comi | JILI | L (| CILMI, AU | THORIZED F | PERSON | | |
| Sig | gnati | ure of a thember or authorized representative of a member | | _ | | Printed or type | d name of s | ignee | - |
| I he prov the o to m notij | reb isio obli ere fied | on accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I it in writing of this change. | ree to act performe d for in (hereby co | t it ar Ch | n this capa ice of my a papter 605, firm that t | icity. I furthe luties, and I a F.S. Or, if t he limited lia | r agree t ım famili his docur bility con | o comp ar with nent is apany | ply with the and accept being filed has been |
| Sign | atur | e of Registered Agent | GRACE | E | E. KIRBY, | ASST. VICE | E PRESII | DENT | |