## M21000017509

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A. BUTLER SEP - 6 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 913984 8388493						
AUTHORIZATION Sould Rear						
COST LIMIT : 0\$\25.00						
ORDER DATE : August 30, 2022						
ORDER TIME : 9:29 AM						
ORDER NO. : 913984-112						
CUSTOMER NO: 8388493						
CHANGE OF AGENT						
NAME: SCIOTO PROPERTIES SP-16 LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY CC PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						
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 N	ame of the limited liability company: SCIOTO PRO	PERTIES	SP-16 LLC		
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	160 E. OLENTANGY ST.		160 E. OLENTANGY ST. POWELL, OH 43065		
	POWELL, OH 43065				
	12/22/2021		M2100001	7509	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (L)	Registered Agent and Registered Office shown on the records COGENCY GLOBAL INC.	of the Florid	a Dept. of Stat	- e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u></u>	
	115 NORTH CALHOUN ST. SUITE 4		_		
	TALLAHASSEE I	32301	32301 SECR		
(b)				EP -2	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		WIO: 5		
	Corporation Service Company				
	NEW Registered Office Address:	ered Office Address:		57	
	1201 Hays Street		-		
	Tallahassee , i	-L 32301			
change agent v was/we	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability co s of the lin	ed office and ompany, it is nited liability	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
/S/ JILL CILMI			JILL CILMI, AUTHORIZED PERSON		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complei ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act e perform led for in ( I hereby co	in this cape ance of my o Thapter 605 Infirm that i	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been	

GRACE E. KIRBY, ASST. VICE PRESDIENT

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00