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Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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LLC REGISTERED AGENT CHANGE **CAMERON HIGH GROVE LLC**

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

suhmit	int to the pro vis ions of section s the followi ng station ent in	is 605.0114 or 605.0116, order t <u>o 'chariga</u> ' its . reg	. Florida Statute istered office , or	s. th e understaned l imite r <mark>registared agent</mark> : or b	ed liability company oth, in the State o	Ĺ
Florid	σ. me of the Limited Liability Con	CAMERON H	IIGH GROVE	LLC		
7 (-)	6805 CARNEGIE BLVD	STE 250	a. 6805	CARNEGIE BLVD	STE 250	
2. (B)	Principal office address of li	imited liability company:	(8) <u>0000</u>	Mailing address of limited	liability company:	•
	CHARLOTTE, NC 2821	1	CHAF	RLOTTE, NC 28211		<u>.</u>
2	5/31/2023		• •••••	00007521		
3.	Date of filing/registr	ation in Florida	4 ,	Document number		
5. (a)	CT CORPORATION Registered Agent and Registered Of	lice shows on the records of the	he Florida Dept. of S	State:		
	1200 S PINE ISLAND F	RD				
	Registered Office Address After	T RE FLORIDA STREET A	DORFSSI		202 4 SEC TA	
	PLANTATION	, FL_	33324		1024 JAN 26 SECRETÁRO TALLAHA	- C
(h)	Capitol Corporate Servi	ces Inc			N 26	
(0)	Enter name of NEW Redistered As		Office address:		SSE.	9
	5455 15 14				AM II: 2: SEE, FL	į.
	515 East Park Avenue 2 NEW Registered Office Address:	2nd Fl				**
					ra 🚫	
	Tallahassee	, բլ	32301			
the cha agent v was/wo	mited liability company is not nge or changes are made, the I will be identical. Or, in the cas are authorized by an affirmative cles of organization or the ope	Florida street address of to c of a Florida limited list c vote of the members of	the registered off bility company, i the limited liab	lice and the business off it is hereby confirmed the lity company or as other	ice of the registered at the change(s)	l
	ure of a manufer or authorized repres			Printed or typed name of		•
l Herai provisi the abi to men notifies	by accept the appointment as nones of all stanties relative to it gallons of my putition as registry reflect a change in the registry reflect a change in the registry writing of this change.	egistered agent and eure re proper and complete p stered agent at provided stered office address. I h	te to act in this conformance of n i far in Chapter I every confirm th	apacity. I fürther agree iy dutlus, ond I am fanil \$05. F.S. Or, If this doct at the limited liability co	to comply-with the liar with and occup intent is being filed mapany has been	!
سنرن	- Paretarki	Brian R	adecki, Assis	tant Secretary on		
Signatu	e of Registered Agout			porate Services, Ind).	
	Division of	Corporations P.O. B FILING FE		nassee, FL 32314		

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