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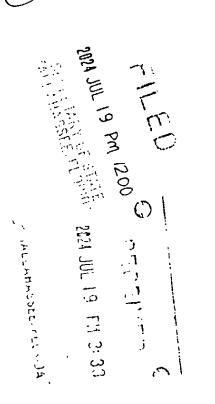
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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JU'_ 22 2024 A RAMSEY CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext:

Date: 07/19/24 Order #: 1570320-1

Re: CRECFIV Champions Holdings, LLC

Processing Method: In-House

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL, State Account Number: I20000000195 meisdena.

AUTH

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

1. Na	ame of the limited liability company: CRECFIV CHA	AMPION	HOLDINGS	S, LLC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability (<u>Note: MAY BE POST OFFIC</u>	
	507 S. DOUGLAS STREET 2ND FLOOR		507 S. DC	OUGLAS STREET 2ND FLOOR
	EL SEGUNDO, CA 90245		EL SEGU	NDO, CA 90245
	09/12/2023		M2300001	1638
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records o			
		of the Florid	la Dept. of State	::
	C T CORPORATION SYSTEM			2
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, F	L_33324		MAJUL 19 PAK 2 00
(b)				
	Enter name of NEW Registered Agent and/or NEW Registere		ddress:	
	Corporation Service Company			
	NEW Registered Office Address:			•
	1201 Hays Street			
	Tallahassee , F	L_32301		
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members celes of organization or the operating agreement of the	iws of the e register iability control	red office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
			•	ice President
Signature of a member or authorized representative of a member			Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

FILING FEE: \$25.00