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(((H22000291794 3)))



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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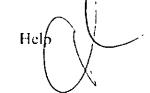
\*\*Enter the email address for this business entity to be used for future  $\frac{1}{2}$ annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE CFG IX, INC.

Certificate of Status	0
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To:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0. nge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the State o	f Florida
	he corporation: CFG IX, INC.  office address: No Change		
3. The mailing a	ddress (if different):		
4. Dateofincorp	oration/qualification: 09/30/2014	Document number: P14000	0080534
	I street address of the current registered tment of State: (If resigned, enterresig	•	with the
	RYAN FURMAN		
	450 S. ORANGE AVENUE		
	ORLANDO, FL 32801-3336		_
6. The name and (ifchanged):	street address of the new registered ag	gent (if changed) and /or registered of	S S
	C T Corporation System		29 HAS
	1200 South Pine Island Road		SEST ME IN
	P.O I Plantation, Florida 33324	Box NOT acceptable	8: 53
The street addre as changed will	ess of its registered office and the stre be identical.	et address of the business office of	its registered agent,
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been	ted by its board of directors or by a notified in writing of the change.	n officer so
De	Dan S	JOE DAVIS, VICE PRESIDENT	r
Signam	e of an officer or director	Printed or typed name and	I tiile
of my duties, an document is bei	the appointment as registered agent of comply with the provisions of all standacept the of all and accept the of the filled merely to reflect a change in Seen notified in writing of this change.	bligation of my position as register the registered office address, I her	omplete performance red agent. Or, if this eby confirm that the
C T Corporation	System Hald	08/26/2022	
Sig	nature of Registered Agent	Date	<del></del>
lf signing on be	half of an entity:		
Michele Holden,	Asst Sect		
T	vped or Printed Name		
	* * * CD INC 1	CCC+ C32 OB * * *	

FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: