Division of Corporations Electronic Filing Cover Sheet

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(((H22000291696 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (954)208-0845

Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.

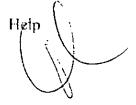
Email Address:

REGISTERED AGENT CHANGE CFG XVI, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To:

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	mized under the laws of the State of Flo	rida	-
1. The name of t	the corporation: CFG XVI, INC.			
	office address: No Change			<u> </u>
3. The mailing a	ddress (if different):			_
4. Dateofincorpe	oration/qualification: 08/05/2016	Document number: P160000646	i60	
5. The name and	d street address of the current registered timent of State: (If resigned, enter resign	agent and registered office on file with		
	RYAN FURMAN			
	450 S. ORANGE AVENUE			
	ORLANDO, FL 32801-3336			
6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged):			2022 AUG 29 SEALLAHA	>
	C T Corporation System		AUG LA	
	1200 South Pine Island Road		29 HAS	
		ox NOT acceptable	SEE A	į
	Plantation, Florida 33324		<u> </u>	(
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its re	egistered atgen	ıt,
Such change was authorized by th	is authorized by resolution duly adopto ne board, or the corporation has been n	ed by its board of directors or by an off officed in writing of the change.	ficer so	
Qp.	D. C.	JOE DAVIS, VICE PRESIDENT		
Signatu	re of afficer or director	Printed or typed name and life		•
I further agrée i of my duties, an document is hei corporation has	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t s been notified in writing of this chang	itutes relative to the proper and compl digation of my position as registered a he registered office address, I hereby o	went. Or. if th	iis
CT Corporation	Micha Hold	08/26/2022		
Sig	nature of Registered Agent	Date		-
It signing on be	half of an entity:			
Michele Holden,	Asst Scct			
Ty	sped or Printed Name	DE 03700464		

* * * 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: