15000038

(Requestor's Name)							
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I2000000088

Date:	06/21/2022	
	Merritt Walker	
Reference #	1713132	
		/IERA SENIOR REAL ESTATE, LLC
Article	es of Incorporation/Author	ization to Transact Business
Amer	ndment	
📝 Chan	ge of Agent	
☐ Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
☐ Disso	lution/Withdrawal	
Fictiti	ous Name	
Other		
Authorized A	Amount:\$25	
Signature: _	mw	

F: 800.944.6607

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	me of the limited liability company:	MARKET ST	REET VIERA	SENIOR REAL	ESTATE, LLC
2. (a)	1515 Indian River Blvd, Suite A	N232	(b)		
(u)	Principal office address of limited lia (Note: MUST BE STREET A			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Vero Beach, Florida, 32960				
	March 3, 2015			L15000038994	
3.	Date of filing/registration in	Florida	4.	Document num	ber
5. (a)	WILLIAMS, JOAN T				
()	Registered Agent and Registered Office show	vn on the records of the	he Florida Dept, of	State:	
	445 24TH STREET				202
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				27
	SUITE 300				FIL I
	VERO BEACH	, F1.	32960		章 2 m
(b)	COGENCY GLOBAL INC.				AM 7: 22
	Enter name of NEW Registered Agent and/o	or NEW Registered	Office <u>address</u> ;		1E 22
	115 North Calhoun St., Suite	4			
	NEW Registered Office Address:		<u> </u>		
	Tallahassee		32301		
	I allaliassee	, FL_			
the cha agent v was/we	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a lare authorized by an affirmative vote cles of organization or the operating a	street address of florida limited lia of the members of	the registered of bility company, f the limited liab	Tice and the busine it is hereby confirm oility company or as	ss office of the registere ned that the change(s)
	an Williams		Joan Willia	* -	
Signat	ture of a member or authorized representative	of a member		Printed or typed n	name of signee
provisi the obl to mere	by accept the appointment as registers ons of all statutes relative to the prop igations of my position as registered of by reflect a change in the registered of I in writing of this change.	ed agent and agre er and complete p agent as providea office address, I h	ee to act in this operformance of i for in Chapter ereby confirm th	capacity. I further of my duties, and I am 605, F.S. Or, if this hat the limited liabi	agree to comply with th I familiar with and acce Is document is being file lity company has been

Timothy Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00

/s/ Timothy Mayville Signature of Registered Agent