

M120000007280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

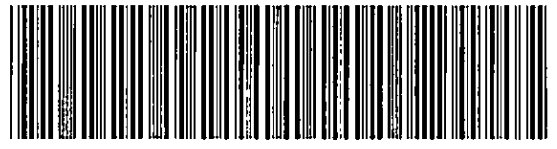
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
JUL 20 2022

Office Use Only



300390966463

SECRETARY OF STATE
TALLAHASSEE, FL

JUL 18 PM 10:00

FILED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUL 14 PM 2:55

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL 19 PM 2:51

TALLAHASSEE, FLORIDA

July 15, 2022

INCSERV

SUBJECT: VS DELRAY BEACH EAST, LLC
Ref. Number: M12000007230

*Please honor the
original submission date
as the file date thanks! :)*

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please include the title and address for each entity you are adding and removing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 922A00015871

*Please honor the
original submission date
as the file date thanks! :)*

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 7/14/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1053817

ORDER ENTITY
VS DELRAY BEACH EAST LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

VS DELRAY BEACH EAST LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: geoffrey.murray@valstonepartners.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MM" or similar.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

FILED

JUL 18 PM 10:05

SECTION I (1-4 must be completed)

SECRETARY OF STATE
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of State: VS Delray Beach East, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX) _____

2. The Florida document number of this limited liability company is: M12000007230

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/28/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

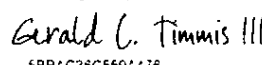
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Manager

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	TFM Management, LLC	260 East Brown St., Suite 250 Birmingham, Michigan 48009	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Manager	VS Healthcare Properties Management, LLC	260 East Brown St., Suite 250 Birmingham, Michigan 48009	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the _____ organized.

DocuSigned by:

 5BBAC38C559A476 _____
 Signature of the authorized representative

Gerald C. Timmis III, Manager of Manager

 Typed or printed name of signee

Filing Fee: \$25.00