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(((H230004136813)))



H230004136813ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:		

LLC REGISTERED AGENT CHANGE ST. AUGUSTINE OPERATOR, LLC

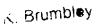
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COVER LETTER

Division of Corporations	
St. Augustine Operator, LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam;	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Lori Whalen	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Lori Whalen	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following am	ount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

I. Na	ame of the limited liability company: St. Augustine Op	perato	r, Ll	.c						
2. (a)	1416 Clarkview Road			(b) 1416 Clarkview Road						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	Baltimore, MD 21209	-		Baltimor	e, MD 2120	9				
	12/17/2014		N	11400000	9026					
3.5. (a)	Date of filing/registration in Florida TRAC - THE REGISTERED AGENT COMPANY	4.			Document	number				
•	Registered Agent and Registered Office shown on the records of the			Pept, of Sta	te:					
	Registered Office Address (MUST BE FLORIDA STREET A 236 E.6th Avenue	<u>DDKE</u>	<u> </u>					2		
	Tallahassee, FL_	3230	3		_	<i>:</i> :		2023 DEC	<u>:</u>	
(b)	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered (2894 Remington Green Ln.	Office	addr	<u>-</u> -		-	.•	-4 PM 2:		
	NEW Registered Office Address: Ste. A				- -		•	0.5		
	Tallahassee, FL_	32308	;		_					
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab	registo pility of the li	red com mite	office an pany, it is ed liabilit	d the busine s hereby cor y company	ss office of	of the at the	regis chan	tered ge(s)	
/s/	Jaclyn Wright	Ja —	clyr	Wright		Authori			on	
I hereb provision the oblit to mere notified	we of a member or authorized representative of a member by accept the appointment as registered agent and agree of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he is the change. Mackenzie Hibler, Asst, Secreta	erfori for in ereby	ct in nan Chi conj	this cape ce of my e apter 605 irm that	Printed or tyl acity. I furti duties, and l 5, F.S. Or, if the limited l	her naree	to cor	andr :	with the d accept ing filed been	

Signature of Registered Agent