# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears

#### SIGNATURE: JASON HAND

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N06529

Entity Name: FLORIDA SENIOR LIVING INSTITUTE, INC.

# **Current Principal Place of Business:**

2292 WEDNESDAY STREET SUITE 1 TALLAHASSEE, FL 32308

## **Current Mailing Address:**

2292 WEDNESDAY STREET SUITE 1 TALLAHASSEE, FL 32308 US

## FEI Number: 59-2522623

## Name and Address of Current Registered Agent:

MATILLO, GAIL CEO 2292 WEDNESDAY STREET SUITE 1 TALLAHASSEE, FL 32308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	GAIL MATILLO		02/28/2024
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PRESIDENT	Title	BOARD CHAIR
Name	MATILLO, GAIL	Name	THIBAULT, GWEN
Address	2292 WEDNESDAY STREET	Address	2292 WEDNESDAY STREET, STE.1
City-State-Zip:	SUITE 1 TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308
Title	VP		
Name	HAND, JASON		
Address	2292 WEDNESDAY STREET, STE.1		
City-State-Zip:	TALLAHASSEE FL 32308		

above, or on an attachment with all other like empowered. VP 02/28/2024

FILED Feb 28, 2024

Secretary of State

1828055737CC

Certificate of Status Desired: No

Date