| 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 oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605 | |
|---|--|
| that my name appears above, or on an attachment with all other like empowered. | |

PRESIDENT

SIGNATURE: ADRIAN A SANCHEZ

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000015694

Entity Name: A-1 ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

9410 S.W. 52ND TERRACE MIAMI, FL 33165

Current Mailing Address:

2066 ALTON ROAD MIAMI BEACH. FL 33140 US

FEI Number: 45-4477766

Name and Address of Current Registered Agent:

IVETTE RODRIGUEZ PA 201 ALHAMBRA CIRCLE SUITE 500 MIAMI, FL 33134 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: IVETTE RODRIGUEZ

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

PRESIDENT Title Name SANCHEZ, ADRIAN A Address 9410 SW 52 TERRACE City-State-Zip: MIAMI FL 33165

Certificate of Status Desired: Yes

03/23/2020 Date

03/23/2020 Date

FILED Mar 23, 2020 Secretary of State 0026511994CC