DOCUMENT# L15000079040 Entity Name: TARPON SPRINGS ASSISTED LIVING AT WALTON PLACE, LLC	Feb 10, 202 C Secretary of Secretary of Secretary of Secretary Secretary Of Secretary
Current Principal Place of Business: 5901 US HWY. 19 7	4024194565
NEW PORT RICHEY, FL 34652	
Current Mailing Address:	
5901 US HWY. 19	
NEW PORT RICHEY, FL 34652 US	
FEI Number: 47-3971752 Certif	icate of Status Desired:
Name and Address of Current Registered Agent:	
BURNARD, MARY A 5901 US HWY. 19 7	
NEW PORT RICHEY, FL 34652 US	
The above named entity submits this statement for the purpose of changing its registered office or registered age	nt, or both, in the State of Florida.

SIGNATURE	E: MARY A BURNARD			02/10/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	BURNARD, HARRY	Name	BURNARD, MARY A	
Address	5901 US HWY. 19, SUITE 7	Address	5901 US HWY. 19, SUITE 7	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	2
Title	MGR	Title	MGR	
Name	BURNARD, HARRY	Name	BURNARD, MARY A	
Address	5901 US HWY. 19, SUITE 7	Address	5901 US HWY. 19, SUITE 7	
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652	2

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 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, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: MARY A BURNARD

Electronic Signature of Signing Authorized Person(s) Detail

02/10/2021

FILED)21 State 5CC

No

Date