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.

SIGNATURE: ALEXIS ARTEAGA

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000011615

Entity Name: SENIOR POINT ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

2940 W HILLSBOROUGH AVE TAMPA, FL 33614

Current Mailing Address:

2940 W HILLSBOROUGH AVE TAMPA, FL 33614 US

FEI Number: 81-3693378

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

AEGIS LAW 100 S ASHLEY DR STE 620 TAMPA, FL 33602 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: ROCHELLE FRIEDMAN WALK, AEGIS LAW

Authorized Person(s) Detail :

MANAGING MEMBER Title ARTEAGA. ALEXIS Name Address 2940 W HILLSBOROUGH AVE City-State-Zip: TAMPA FL 33614

MANAGING MEMBER

Date

FILED Jan 21, 2022 Secretary of State 5274958710CC

01/21/2022 Date

01/21/2022