12/22/21, 5:56 PM

Division of Corporations

Plonida Lepartment of State Division of Corporations Recuertic Firing Cever Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000465844 3)))



H210004658443ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_____

SEURE KARY OF STATE TALLAHASSEE, FLORIDA

DEC 27 AM 10: 51

DEC 27 AM 9: 46

REGISTERED AGENT CHANGE BROWNSVILLE MANOR, LP

| Certificate of Status | U |
|-----------------------|---------|
| Certified Copy | l l |
| Page Count | 02 |
| Estimated Charge | \$87.50 |

DEC 2 8 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

ŀ

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statmes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1. | BROWNSVII. | LE MANOR, I. | .l ³ | | | |
|---|--|----------------------|-----------------|-------------------|---------------------------------------|--|
| | ame of Limited Partnership or Lit | nited Liability | Lin | ited Partnersh | nip | |
| 2 | 09/30/2015 3 Ai 50 | | 'A'I 5000 | 90000061 <u>6</u> | | |
| Date of filing/registration in Florida | | | F | lorida docum | iment number | |
| 4. The name of the r Department of State | registered agent and the registered | l office address | as sl | hown on the i | records of the Florid | |
| | Leon, E | David F. | | | : | |
| | Na | me | | _ | | |
| | 390 N. ORANGE AVENUE, SUITE 1400 | | | | | |
| | Add | tess | | | Š | |
| | QRLANDO |). F1, 32801 | | | ŗ | |
| | City, Stat | e and Zip | | | - F | |
| 5. The name and Flo | orida street address of the new reg | pstered agent ar | nd∂oi | roffice. | ָרָ פַּ | |
| | C T Corpora | | | | - | |
| | Na | me | | | | |
| | 1200 South Pir | | | | | |
| | Florida street address (F | P.O. Box not acc | eepti | able} | | |
| | Plantation, | e and Zip | L_ | 33324 | | |
| | City, Stat | e and Zip | | | | |
| Rence Sandel | | Torida Departm | ent o | of State. | | |
| Signature of Genera | l Partner | | | | | |
| comply with the pro- | appointment as registered agent a vivions of all statutes relative to th ith an accept the obligations of my | he proper and ϕ | omp | lete performa | I further agree to ance of my duties, | |
| Signature of Registe | red Agent | - | | | | |
| Denise | Bell, Asst Secy | | | | | |
| Filing Fee: | \$35.00 | | | | | |
| Certified Copy | (optional): \$52.50 | | | | | |