

10/13/21, 11:44 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407)540-7576
Fax Number : (407)641-8361

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

Email Address: susana.carcasona@cnl.com

2021 OCT 19 PM 4:20

FALL AHAASSET, FLORIDA

REGISTERED AGENT CHANGE
CHIP MEADOWS PLACE TX SENIOR LIVING OWNER, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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FALL AHAASSET, FLORIDA

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**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 Statutes, 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. CHP Meadows Place TX Senior Living Owner, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08-04-2015

Date of filing/registration in Florida

3. B15000000210

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Amy J. Patterson

Name

450 S. Orange Ave.

Address

Orlando, FL 32801

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Tracey B. Bracco

Name

450 S. Orange Avenue, 14th Floor

Florida street address (P.O. Box not acceptable)

Orlando

FL 32801

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
By: CHP Meadows Place TX Owner GP, LLC, as General Partner

[Signature]
Signature of General Partner

By: Tracey B. Bracco, Sr. Vice President of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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