

12/2/21, 2:04 PM

Division of Corporations

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover 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.

(((H21000440423 3)))



H210004404233ABCU

**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)617-6380

**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

### REGISTERED AGENT CHANGE

### CNL HEALTHCARE PROPERTIES, INC.

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

2021 DEC -2 PM 2:21

2021 DEC -2 AM 9:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H21000440423 3

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CNL Healthcare Properties, Inc.
2. The principal office address: 450 S. Orange Avenue, 14th Floor  
Orlando, FL 32801
3. The mailing address (if different): P.O. Box 4920, Orlando, FL 32802
4. Date of incorporation/qualification: 07-16-2010 Document number: F10000003217
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)


Amy J. Patterson450 S. Orange AvenueOrlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tracey B. Bracco450 S. Orange Avenue, 14th FloorP.O. Box NOT acceptableOrlando, FL 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 Signature of an officer or director

Tracey B. Bracco, SUP  
 Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
 Signature of Registered Agent
December 2, 2021

Date

If signing on behalf of an entity:

Tracey B. Bracco

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

2021 DEC -2 AM 9:12  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H21000440423 3