103000043402

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	: Twin Palms of clearwater, LL
· 2. The mailing address of the limited liability co	ompany is: 200 Brightwater Dr.
Unit 2, Clearwater	, F1 33767
3. Date of filing/registration in Florida	<u>L03000043602</u> 4. Document number
5. The name of the registered agent and the registered agent ag	Name Name Address State and Zip
6. The name and address of the new registered a	gent and/or office:
Clearwater	Name Jer Unil 2 SECRETARY FL 33767 State and Zip
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w	under the laws of the State of Florida, it is hereby hade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization y company.
Roland Rogers (Printed or typed name of signee)	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address. I hereby confirm that the limited liability	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00