## 103000051252

| (Requestor's Name)              |                   |  |  |  |  |  |  |
|---------------------------------|-------------------|--|--|--|--|--|--|
|                                 |                   |  |  |  |  |  |  |
| (Address)                       |                   | —————————————————————————————————————— |  |  |  |  |  |
|                                 |                   |  |  |  |  |  |  |
| (Address)                       |                   |  |  |  |  |  |  |
|                                 |                   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)        |                   |  |  |  |  |  |  |
| <u></u>                         |                   | _                                      |  |  |  |  |  |
| PICK-UP                         | WAIT              | MAIL                                   |  |  |  |  |  |
|                                 |                   |  |  |  |  |  |  |
| (Business                       | Entity Name)      |  |  |  |  |  |  |
|                                 |                   |  |  |  |  |  |  |
| (Docume                         | nt Number)        |  |  |  |  |  |  |
|                                 |                   |  |  |  |  |  |  |
| Certified Copies                | Certificates of S | Status                                 |  |  |  |  |  |
|                                 |                   |  |  |  |  |  |  |
| Special Instructions to Filing  | Officer           |  |  |  |  |  |  |
| Special instituctions to rining | Officer.          |  |  |  |  |  |  |
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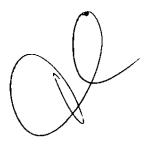
Office Use Only



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2022 NOV 29 PH 2: 22



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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. No   | nme of the limited liability company:COLONIAL HO  | SPITAL                                    | TT.                                | r, LLC  |                        |                                |                   |
|---|---|---|------------------------------------|---|------------------------|--------------------------------|-------------------|
| 2. (a)  | 730 S. ATLANTIC AVE.  |   | (b) 730 S. ATLANTIC AVE.           |   |                        |                                |                   |
| 2. (u)  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   | (-)                                | Mailing address o (Note: MAY B  |                        |                                |                   |
|   | SUITE 102   |   |                                    | SUITE 102   |                        |                                |                   |
|   | ORMOND BEACH, FL 32176  |   |                                    | ORMOND BEACH, FL 3  | 2176                   |                                |                   |
|   | 12/09/2003  |   | I.                                 | .03000051252  |                        |                                |                   |
| 3.  | Date of filing/registration in Florida  | 4.  | _                                  | Document nui  | mber                   |                                |                   |
| 5. (a)  | ALTON I. LIGHTSEY   |   |                                    |   |                        |                                |                   |
| J. (a)  | Registered Agent and Registered Office shown on the records of  | f the Flori                               | da I                               | Dept. of State:   |                        |                                |                   |
|   | Registered Office Address (MUST BE FLORIDA STREET   | ADDRE                                     | SS)                                |   |                        |                                |                   |
|   | 2105 PARK AVENUE NORTH  |   |                                    |   | į                      | 2[                             |                   |
|   | WINTER PARK, F  | 32789<br>L                                |                                    |   | MALL MINSSEE.          | 2022 NOV 29                    | "77]              |
|   |   |   |                                    |   | <u>.</u>               | N 29                           | (1200)<br>(1200)  |
| (b)   | Enter name of NEW Registered Agent and/or NEW Registere   | d Office                                  | . 44                               | PAYA .  | $\mathcal{L}_{\alpha}$ |                                | 77                |
|   | finer name of the w Registered Agent and/or the w Registere   | u ()ince                                  | 460                                | 1 <del>. ( ) ,</del>  | m,                     | ₽¥ 2                           |                   |
|   | 222 W COMSTOCK AVENUE   |   |                                    |   | 72                     | 2: 2:                          |                   |
|   | NEW Registered Office Address:  |   |                                    |   | :::                    | ∾                              |                   |
|   | SUITE 200   | _   |                                    | <u>.</u>  |                        |                                |                   |
|   | WINTER PARK F   | 327 <b>8</b> 9                            |                                    |   |                        |                                |                   |
| change<br>agent v<br>was/w<br>the art<br>Signa<br>I here<br>provis.<br>the obt<br>to mer<br>notifie | imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last each authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I dinverting of this change. | e registe iability of the li e limited  A | erec<br>con<br>imit<br>Llia<br>LTC | I office and the business npany, it is hereby confitted liability company or ability company.  ON L. LIGHTSEY  Printed or typed on this capacity. I further | office of the          | e regist<br>e chang<br>e provi | ered ge(s) ded in |