L0400005883

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
1461ktn \$25.00					

Office Use Only



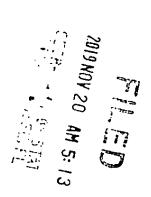
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RIANT



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/20/2019		⇔WALK IN•
ENTITY NAME_LA MIRA	ADA CENTER, LLC	
		
DOCUMENT NUMBER	L04000075883	
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION		
NUMBER OF CERTIFICATI	S REQUESTED	_
TOTAL OWED \$25.00	снеск # ⁶⁸⁷⁴	
DA 00 Ti		, ,
rtease call tina at the	above number for any issues or concerns. Thank you s	so much!

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. N	fame of the limited liability company: LA MIRADA C	CENTE	R, LLC				
2. (a)		(b))				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5,	′ 	Mailing address of lin	nited liability <i>OST OFFIC</i>	compan	y:
	9811 SAVONA WINDS DR.		P.O. B0	OX 480283			
	DELRAY BEACH, FL 33446	- -	DELRA	Y BEACH, FL 3	3448		
	10/19/2004	l	_040000	75883			
3.	Date of filing/registration in Florida	4.		Document number	er	 .	
5. (a)							
- 7 ()	Registered Agent and Registered Office shown on the records of the ELIAHU GOLAN	he Florida	Dept. of Sta	te:			
	Registered Office Address	DDRESS)		-			
	9811 Savona Winds Dr,						
	Delray Beach , FL	33446		_	<u> </u>	20	
	, , , ,			_	- 14 - 16	05 AON 6182	
(b)				_	••	VO	أبائب
	Enter name of NEW Registered Agent and/or NEW Registered (Office add	<u>ress</u> ;	_	0 2	20	1,450
	Lisa Caraglio				1 eg.	P	101
	NEW Registered Office Address:			-		ä	O
	3501 West Vine Street, Suite 335					ယ	
			·	-			
	Kissimmee	34741					
Signat I hereb provision the oblito mere notifical	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member of a mem	the registroility con the limit dimited lia	ered office npany, it is ed liabilit ibility con herman, A	e and the business of shereby confirmed y company or as of a pany. Authorized Representation of typed name.	office of the that the citherwise properties of signee	the Me	itered s) in ember(s)

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