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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 limite	d liability compa	my is: NEHUSHTAN OF SR	Q, LLC	
2. The mailing address of	the limited liabi	lity company is: <u>c/o John A. N</u>	Moran, Esq.	
1990 Main Street, Suite				
12/29/04			L0400094075	
3. Date of filing/registrati	on in Florida	4. Document	number	
5. The name of the registe Florida Department of S		e registered office address as sho	wn on the records of the	
-	John A. Morar	n, Esq.		
	22 S. Links Av	Name ve., Suite 300		
	Sarasota, FL	Address 34236	<u>—</u>	
	·	City, State and Zip		
6. The name and address of	of the new registe	ered agent and/or office:	17 OS	
	John A. Morar	n, Esq.	05 JUL 27 TALLAHAS	
	1990 Main Str	Name eet, Suite 700		
	Florida street ac	ddress (P.O. Box NOT acceptab	le) Elic 2 S	
	Sarasota	FL 34236		
	C	City, State and Zip		
confirmed that after the chand the business office of liability company, it is her	lange or changes the registered age eby confirmed the liability compar	nized under the laws of the State are made, the Florida street addrent will be identical. Or, in the cat the change(s) was/were authony or as otherwise provided in the lity company.	ess of the registered office ase of a Florida limited rized by an affirmative vote of	
Signature of a member or authorize	zed representative of a	member)		
John A. Moran, as Auth	norized Agent			
(Printed or typed name of signee)		·		
	ntment as registe ; of all statutes re i accept the oblig his document is b that the limited li	red agent and agree to act in thi elative to the proper and comple tations of my position as register eing filed to merely reflect a cha ability company has been notific	s capacity. I further agree to te performance of my duties, red agent as provided for in inge in the registered office red in writing of this change.	
(Signature of Registered Agent)		D.O. D. (227 T. 11.)	TV 2024	
– / Division	a of Corporation	ns, P.O. Box 6327, Tallahassee,	FL 32314	

FILING FEE: \$25.00

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