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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | es of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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DEPARTMENT OF STATE

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CORPORATE ACCESS,

"When you need ACCESS to the world"

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236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

| | WALK IN |
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| | PICK UP: 3-18-13 |
| | CERTIFIED COPY |
| Þ | РНОТОСОРУ |
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| X | FILING RA Change |
| 1. | Saga Realty Twinsburg, LLC (CORPORATE NAME AND DOCUMENT #) |
| 2. | |
| | (CORPORATE NAME AND DOCUMENT #) |
| 3. | (CORPORATE NAME AND DOCUMENT #) |
| 4. | (CORPORATE NAME AND DOCUMENT #) |
| _ | (COM ORATE, NAME, AND DOCUMENT #) |
| <i>5</i> . | (CORPORATE NAME AND DOCUMENT #) |
| 6. | |
| | (CORPORATE NAME AND DOCUMENT #) |
| SPECI | AL INSTRUCTIONS: |
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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:

Saga Realty Twinsburg, LLC

The mailing address of the limited liability company is:

12800 Shaker Blvd

Cleveland, OH 44120

May 14, 2008

L08000048546

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Name
6849 Grenadier Blvd #604

Address
Naples, Fl 34108

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporate Access

236 E6th Ave

Name

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32303

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Chilly Lienter

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 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

INHS18(10/99)