

LOG 000078738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

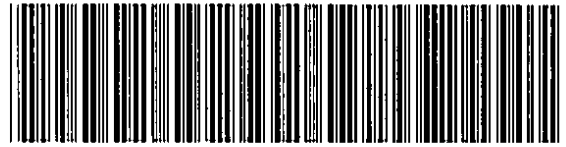
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL -2 AM 6:50

FILED

D. BRUCE  
AUG 18 2020

# ORR || COOK

June 29, 2020

**Via U.S. Mail**

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Change of Registered Office / Registered Agent for LLC**

Dear Sir/Madam:

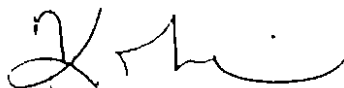
Please find enclosed herewith a Statement of Change of Registered Office or Registered Agent or Both for each of the following Limited Liability Companies:

- Mission Oaks Senior Living, LLC
- SSK Realty Investments LLC
- Archer Health Ventures, LLC
- Plaza Real Estate Holdings, LLC
- Oxford V, LLC
- Oxford VI, LLC
- Global Realty Income, LLC

Also enclosed is our firm's check number 10456 in the amount of \$175.00 representing payment for the filing fees.

If you should need anything further or have any questions, please do not hesitate to contact our office.

Sincerely,



Kendall B. Greiner  
Legal Assistant

Enclosures

**FILED**  
2020 JUL -2 AM 6:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mission Oaks Senior Living, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beverly Pascoe

Name of Person

Orr Cook

Firm/Company

818 A1A North, Suite 302

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

bpascoe@orrcook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Pascoe

at ( 904 ) 312-7886

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy:

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL -2 AM 6:50

**FILED**

**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. Name of the limited liability company: Mission Oaks Senior Living, LLC

2. (a) 2380 Sadler Road  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 101  
Fernandina Beach, FL 32034

(b) P.O. Box 15369  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Fernandina Beach, FL 32035

3. 08/18/2008 Date of filing/registration in Florida

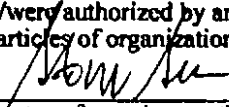
4. L08000078738 Document number

5. (a) Beverly A. Pascoe  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1301 Riverplace Boulevard  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 1500  
Jacksonville, FL 32207

(b) Beverly A. Pascoe  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
818 A1A North  
NEW Registered Office Address:  
Suite 302  
Ponte Vedra Beach, FL 32082

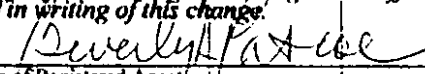
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TALLAHASSEE, FL

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

Steven W. Scil  
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 605, 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