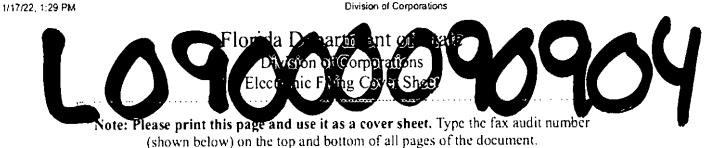
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE VITALIA AT TRADITION, LLC

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Help**T. LEMIEUX** JAN 19 2022

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то:	Registration Section Division of Corporations	0					
SUBJI	\/ΙΤΔΙ ΙΔ Δ			OITION, of Limited Liab			
Dear S	ir or Madam:						
The en	nclosed Registered Agent/R	egistered	Office	e Change and fe	e(s) are submitted	for filing.	
Please	return all correspondence of	concernin	g this	matter to the fol	llowing:		
Ма	ry Castillo						
	Name of	Person					
Regi	stered Agent Solutions	, Inc.					
	Firm/Cor	npany			•		
Corp	orate Center One, 530	1 South	west	Pkwy, Ste 40	0		
	Addres	S			•		
Austi	in, TX 78735						
_	City/State ar	ıd Zip Co	de		-		
 1	E-mail address: (to be used	for future	annu	al report notifica	ntion)		
For fu	orther information concernit	ng this ma	itter, p	olease call:			
Ма	ry Castillo			888 at (705-7274		
	Name of Person				Area Code & Day	time Telephone ?	Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the following amount:						
	S25 Filing Fee			□ \$55	Filing Fee & Cert	ified Copy	
INHS.	18 (2/14)						

15129570210

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	ame of the limited liability company: VITALIA A	TTR	ADITIO	N, LLC	
2. (a)	4900 NORTH SCOTTSDALE ROAD) (b	, 4900 N	IORTH SC	OTTSDALE ROAD
2. (a)	Principal office address of limited liability company:	_ ``		-	limited liability company:
	(Note: MUST BE STREET ADDRESS)		0.1175		<u>E POST OF FICE BOX</u>)
	SUITE 2000	-	SUITE	2000	
	SCOTTSDALE, AZ 85251	_	SCOT	TSDALE,	AZ 85251
	9/21/2009		L09000	090904	
3.	Date of filing/registration in Florida	4.		Document nun	nber
5. (a)	NRAI SERVICES, INC				
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida	a Dept. of State	- e:	
	1200 SOUTH PINE ISLAND ROA	D			
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS	<u> </u>	-	
				-	22
	PLANTATION FI	3332	<u>'</u> 4		
				-	B NW B
(b)	Registered Agent Solutions, Inc.			_	
	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:		, .
	155 Office Plaza Dr.			_	M 10: 54
	NEW Registered Office Address:				40
	Suite A			_	
	Tallahassee, FL	3230)1	-	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liability.	the regi bility co f the lin	istered offic- ompany, it i nited liabilit	e and the busin s hereby confir y company or a	med that the change(s)
s/ J	aclyn Wright	Jac	olyn Wrigh	nt	Assistant Secretary
_	nture of a member or authorized representative of a member			Printed or typed	-
provis the ob to mer notifie	the accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided when reflect a change in the registered office address. In a din writing of this change. Mackenzie Hart, Asst. Secretary	17/11/1/17/17	1/111/''' /)! /)! /	711111111 THE THE FEET OF THE	m mmningi wim ana accem
Signati	ure of Registered Agent				