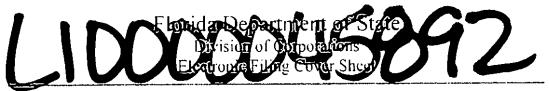
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Division of Corporations



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2021 NOV -9

LLC REGISTERED AGENT CHANGE REXALL SUNDOWN 3001, LLC

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S. PRATHER

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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 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	ame of the limited liability company: REXALL SUNI	DOWN 3001,	LLC			_
_, ()	Principal office address of limited fiability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)			
	2100 Smithtown Avenue	2	100 Smithtown Avenue			_
	Ronkonkoma, NY 11779		Ronkonkoma, NY 11779			_
	04/29/2010	1.1	00HX)45892			
3.	Date of filing/registration in Florida	— _{4.} —	Document number			_
<i>-</i>	CORPORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records of	ot the Florida De	epr. of State:			
				 1		
	Registered Office Address (MUST BE FLORIDA STREET	T.ADDRESS)		ארר הייהני	2021	
	1201 HAYS STREET				<u>8</u>	
	TALLAHASSEE , F	FL_32301-2525		SEURLIARY OF STATE ALLAHASSEE, FLORID	2021 NOV -9 AH 10: 5	1
(b)	C T Corporation System			E, FE	꾶	O
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	<u></u> <u>ss</u> :	OR!	0.	
				DE A	<u>-</u>	
	NEW Registered Office Address:	<u> </u>	_ 			
	1200 South Pine Island Road					
	Plantation	33324				
the ch agent was w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability com s of the limite he limited liab	red office and the business off pany, it is hereby confirmed the d liability company or as othe	ice of the reginal the change	istore c(s)	d
Sien	iture of a member or authorized representative of a member		Printed or typed name of	í signec		_
I here provis the ob to mer notific By:	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change. C.T. Corporation System	igree to act it de performan ded for in Ch I hereby con	whice anacity I further awar	to comply wi	ith the accep g filed ieen	er Of E