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O SIMMONS FEB 1 1 2020

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. Nan	ne of the limited liability company: HOLLY WOOD BE	TACH RESO	ORT REWTAL	PROGRAM, LLC
2. (a) _	<i>(</i> t	o)		
£. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Ma	ailing address of limite (Note: MAY BE POS	
	101 NORTH OCEAN DRIVE, SUITE 208		0 Box 222	1570
	HOLLYWOOD, FL 33019	<u> </u>	OLLY WOOD, A	2 33012
	10/29/2010	LIC	000 113 169	
3.	Date of filing/registration in Florida 4.	D	ocument number	
5. (a) _	ELDER, GREGORY R. Registered Agent and Registered Office shown on the records of the Florida	a Dept. of State:	(0)	82
- !	Registered Office Address (MUST BE FLORIDA STREET ADDRESS		TALL	020 JAN 15
	201 NORTH OFEAN DRIVE, FIRST	FLOUIZ	££.	J I
-	HOLLY WOOD .FL 330	22	SEE,	
	ELDER, GREGORY R. Enter name of NEW Registered Agent and/or NEW Registered Office ad	dress:	E, FL	±
}	2300 NW CORPORATE BLVD., SUI) NEW Registered Office Address:	TE 215		
-	BOCA RATON ,FL 33	3431		
change cagent wi	nited liability company is not organized under the laws of the or changes are made, the Florida street address of the registered libe identical. Or, in the case of a Florida limited liability coe anthorized by an affirmative vote of the members of the limited less of organization or the operating agreement of the limited less of the	ed office and tompany, it is horized liability company.	the business office tereby confirmed the company or as other	of the registered hat the change(s) erwise provided in
-8ignatu	re of a member or authorized/representative of a member	Ţ.	Printed or typed name of	signee
I hereby provision the oblig to merel notified	concept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete performe tations of my position as registered agent as provided for in Co of verified a change in the registered office address, I hereby co in writing of this change.	in this capac ance of my du Chapter 605, l onfirm that the	ity. I further agree ties, and I am fami F.S. Or, if this doc e limited liability c	to comply with the liar with and accept ument is being filed ompany has been
Signature	of Registered Agent			