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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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 NORTH PLATTE CARE CENTER, LLC

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T. LEMIEUX APR 18 2023

To:

STATÉMENT 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

) _	7349 MERCHANT COURT		7349 MEI	RCHANT COURT
_	Principal office address of finited liability company (Note: MUST BE STREET (DDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	LAKEWOOD RANCH, FL 34240	_	LAKEWO	OD RANCII, FL 34240
	01/25/2012		L120000118	देव
}	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK INC.	_ .4.		Decument number
	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1	the Flori	da Dept of Stat	- e
	Registered Office Address (MUST BE FLORIDA STREET NORTH PALM REACH		<u>(88)</u>	-
1	Registered Office Address (MUST BE FLORIDA STREET NORTH PALM BEACH FI C T Corporation System	33408	<u> </u>	2.2 2.0 2.0 2.0 2.0
<u> </u>	NORTH PALM BEACH FI	33408		2023 1.00
' <u>-</u> !	NORTH PALM BEACH FI C T Corporation System	33408		
' <u>-</u> !	NORTH PALM BEACH, FI C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	33408		2023 1. C. 1 AM 13: 12

Gothe Street	JOE DAVIS, MANAGER
Company of the compan	
signature of a member or authorized representative of a member	Printed of timed dome of a or

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 hability company has been notified in writing of this change.

CT Corporation System

CT Corporation System

SEATT EMERICK ASSISTANT SECRETARY

Signature of Registered Agent