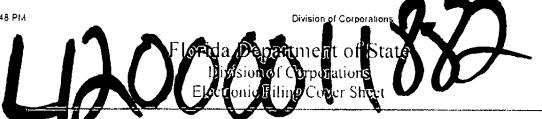
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Account Name : C T CORPORATION SYSTEM

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T. LEMIEUX APR 1 2 2023 To: Page: 4 of 4 2023-04-11 10 56 15 PDT 19548277645 From: Kaity Toon

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;

I. Na	une of the lunited hability company: CREST HAVEN	CAR	E CI	ENTER, LL	.C			
2. (a)	7349 MERCHANT COURT		_ (b	7349 ME	MERCHANT COURT			
•	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		,		Mailing address (Note: MAY		ability company: FFICE BOX)	
	LAKEWOOD RANCH, FL 34240			LAKEWO	DOD RANCII.	FL 34240		
	08/04/2021			L12000011	882			
3. 5. (a)	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK INC.	4.	-		Document n	umber		
J. (11)	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1	the Flo	orida	Dept of Sta	te.			
	Registered Office Address (MUST BE FLORIDA STREET)	.4DDR	ESS	<u>l</u>	_			
	NORTH PALM BEACH , FI	3340	3					
(b)	C.T. Corporation System				_	W.		
	Enter name of NEW Registered Agent and/or NEW Registered	L Offic	e adc	lres:			2023 A 77 11	
	NEW Registered Office Address:				-	:	= 7	
	1200 South Pine Island Road					-	- Te (-	
	Plantation FI	3332	1		_	हु। (1 2: 00	
the cha agent w was wo	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the r abilit of the limit	egis y co lim ed h	tered offic mpany, it ited liabili	te and the busing the horeby configure of the company of the company of the company of the company.	iness offici firmed that	med that after c of the registered the change(s)	
Sienai	ture of a member or authorized representative of a member	_			Printed or type	ed name of si	ence	
I herel provisi the obl to mere notified 3y: se	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address. It is writing of this change. CT Corporation System EANL EMERICK ASSISTAG SECRETARY TO OF REGISTERS AGENT APPLIES OF THE AMERICAN AGENT AGENT AND AGENT APPLIES OF THE AMERICAN AGENT	ree 10 r perfe id för herek	act orme in (iy co	in this cap ince of my hapter 60 infirm that	oaciw. I furth	er agree to	o comply with the	