## L12000131151

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
———(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
<u> </u>		<del></del> -
Special Instructions to	Filing Officer:	

Office Use Only



100414393561

08/22/23--01021--003 \*\*25.00



## COVER LEFITER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations			
•			
SUBJECT: CFC Master Lease, L.L.C.			
Nam	e of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change an	d fee(s) are submitted for filing.	
Please return all correspondence concerning this	is matter to the	e following:	
Todd Wagner			
Name of Person	-		
CFC Master Lease, L.L.C.			
Firm/Company			
5243 Little Debbie Parkway, Ste. 101	.,		
Address			
Ooltewah, TN 37363			
City/State and Zip Code			
twagner@gfmail.org		<del></del>	
E-mail address: (to be used for future ann	iual report not	tification)	
For further information concerning this matter,	please call:		
Todd Wagner	at ( <u>404</u>	) 233-6500	
Name of Person	\	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	7	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	g amount:		
☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	

## 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.

2. (a)	1890 State Road 436	(b) 5243 Littl	(b) 5243 Little Debbie Parkway		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Ste. 295	Ste. 101			
	Winter Park, FL 32792	Ooltewah	. TN 37363		
	10/12/2012	L12000131			
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Marvin Garrett, c/o Florida Care Properties, Inc.		·		
	Registered Agent and Registered Office shown on the records of 1811 Englewood Road	the Florida Dept, of Sta	ite:		
	Registered Office Address (MUST BE FLORIDA STREET )	ADDRESS)	- 20		
	PMB 353		23		
	Englewood FL	34223	2023 AUG 22		
	Posistered Agents Inc				
(b)	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- 9.0%		
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300		_		
	St. Petersburg , FL	33702			
the cha agent v was/wo the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lieve authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered officability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
Signal	A old Day Library ture of a member or authorized representative of a member		Printed or typed name of signee		
I hara	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address.	ee to act in this ca performance of m d for in Chapter 60	pacity. I further agree to comply with the duties, and I am familiar with and accep 15, F.S. Or, if this document is being filed		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00