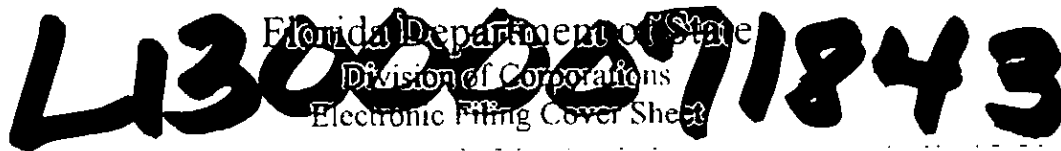


4/22/2020

Division of Corporations



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From:

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Account Number : 120060000021
Phone : (561)833-9800
Fax Number : (561)655-5551

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Email Address: Dana.Walkup@Saul.com

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LLC REGISTERED AGENT CHANGE DOHERTY FLORIDA FORT PIERCE, LLC

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APR 28 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. Name of the limited liability company: DOHERTY FLORIDA FORT PIERCE, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

7 PEARL COURT

ALLENDALE, NJ 07401

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

7 PEARL COURT

ALLENDALE, NJ 07401

May 16, 2013

L13000071843

3. Date of filing/registration in Florida

4. Document number

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

JOHN F. FLANIGAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

660 US HWY ONE, THIRD FLOOR

NORTH PALM BEACH

FL 33408

(b) ANTOINETTE THEODOSSAKOS

Enter name of NEW Registered Agent and/or NEW Registered Office address:

C/O SAUL EWING ARSTEIN & LEHR, LLP

NEW Registered Office Address:

515 NORTH FLAGLER DRIVE, SUITE 1400

WEST PALM BEACH

FL 33401

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2020 APR 27 AM 9:45