Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE OCEANSIDE SENIOR LIVING, LLC.

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JUL 13 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

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. N	ame of the limited liability company: OCEAN	ISIDE S	ENIOR LIV	VING, LL	<u>.C.</u>	
2. (a)	1600 Toft Street	(b) :	(b) 1600 Taft Street			
∡. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Hollywood, FL 33020	<u>-</u>	iollywood, FL 33	3020		
	05/07/2014	L	14000073892			
3.	Date of filing/registration in Florida	4.	Documen	nt number		
.	、IVAN S DOMNIN					
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:			
	1600 Taft Street					
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)				
						ت
	Hollywood	_{FL} 33020			21 JUL	JSIAI 33S
					Ę	옷진
(b)					2	17 A T
	Enter name of NEW Registered Agent and/or NEW Registe	<u>rred Office addr</u>	<u>::ss</u> :		2	
	7901 4th St N					Y OF STATE CORPORATIONS
	NEW Registered Office Address:				9: 02	ATIO
	STE 300	······································				S.F.
	St. Petersburg	FL 33702				
If the	limited liability company is not organized under the	laws of the S	tate of Florida, it is	hereby confirm	ned that	after egisterer
agent	nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	d liability con rs of the limit	ipany, it is hereby c ed liability compan	confirmed that	ine char	ige(s)
D .	lus tak.		Park			
	nature of a member or authorized representative of a member		Printed or	typed name of sig	nee	
provi the or to me	reby accept the appointment as registered agent and sions of all statutes relative to the proper and complebligations of my position as registered agent as provered reflect a change in the registered office addressed in writing of this change.	eie perjorma eided for in Cl s, I hereby cor	tee of my duties, and apter 605, F.S. Or firm that the limite			
	Bill Havre - Assist	tant Secreta	uy			