L14000176468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

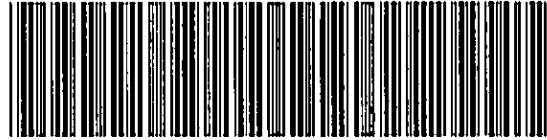(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only

700371930457

08/23/21--01004--014   **1120.00

```
2021 AUG 23  PM 1:01
```

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: __Ambrosia Senior Service LLC__

2. (a) _____   (b) _____

   Principal office address of limited liability company: Mailing address of limited liability company:
   (Note: MUST BE STREET ADDRESS)   *(Note: MAY BE POST OFFICE BOX)*

   __2819 W. Woodlawn__   __Same__

   __Tampa, FL 33607__   _____

   __11/13/2014__   __L14000176468__

3. Date of filing/registration in Florida   4.   Document number

5. (a) __Frank J. Greco__

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

   Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

   __708 S. Church Avenue__

   __Tampa__ , FL __33609__

   (b) _____

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

   _____

   NEW Registered Office Address:

   __143 E. Davis Blvd., Unit 4__

   __Tampa__ , FL __33606__

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.

_____   __9/22/21__
Signature of Registered Agent

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

INHS18 (2/14)