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Date:	06/21/2022				
Name:	Merritt Walker				
Reference	#:1713132				
Entity Name	e: EAST LAKE SENIO	OR LIVING FUND, LLC			
Artic	les of Incorporation/Authorization t	o Transact Business			
Ame	ndment				
Char	nge of Agent				
Rein	statement				
Conv	Conversion				
☐ Merger					
☐ Dissolution/Withdrawal					
☐ Fictit	ious Name				
Othe	er				
Authorized .	Amount: \$25				
Signature:	mw				

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Account#: 120000000088

Date:	06/21/2022				
Name:	Merritt V	/alker	<u> </u>		
	#: 17 1				
Entity Name	e:EAS	T LAKE SEN	NIOR LIVING FUND, LLC		
☐ Artic	les of Incorporati	on/Authorizatior	n to Transact Business		
☐ Ame	ndment				
	nge of Agent				
☐ Rein	statement				
Conv	☐ Conversion				
☐ Merg	Merger Merger				
☐ Dissolution/Withdrawal					
☐ Fictit	ious Name				
Othe	r				
Authorized .	Amount:	\$25			
Signature:		mw			

F: +852.2682.9790

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: EAST LAKE	E SENIOR LIV	'ING FUND, LLC
2. (a)	1515 Indian Divor Blud Suite A232	(b)	
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Vero Beach, Florida, 32960		
	February 1, 2016		L16000019596
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of	Tthe Florida Dept. of	State:
	445 24TH STREET		
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	
	SUITE 300		
	VERO BEACH	32960	— Ā. A.
(b)	COGENCY GLOBAL INC.		FIL 2022 JUN 22 SECRETARY ALLAHASSEL
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	TIAL ASS
	115 North Calhoun St., Suite 4		N 22 MHII:
	NEW Registered Office Address:	.,	MIII: 39
			39
	Tallahassee	32301	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered o iability company, of the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	oan Williams	Joan Willia	•
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
понук	eby accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete digations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this e performance of ed for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
/s/ T	imothy Mayville		

Timothy Mayville, Assistant Secretary

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

Signature of Registered Agent