## L160000003747

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	J. HORN				
JUN 2 3 2022					

Office Use Only



600388443246

ALLAHASSEE, FLOR

REJUN 22 AN IL TO

FILED
2022 JUN 22 PM 1:
SECRETARY OF STA



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/21/2022	·	
Name:	Merritt Wa	lker	_
Reference	#: <b>1713</b>	132	_
	e:		AKE ALF, LLC
Artic	les of Incorporation	'Authorization	to Transact Business
☐ Ame	endment		
√ Chai	nge of Agent		
☐ Rein	statement		
Con	version		
Merç	ger		
Diss	olution/Withdrawal		
☐ Fictif	tious Name		
☐ Othe	er		
Authorized	Amount:	\$25	
Signature:		un	



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/21/2022	
Name:		
Reference	#:1713132	<del></del>
	e:EAST	LAKE ALF, LLC
☐ Artic	cles of Incorporation/Authoriza	
Ame	endment	
🚺 Cha	nge of Agent	
Rein	statement	
Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
Fiction Fiction	tious Name	
☐ Othe	er	
Authorized	Amount: \$25	
Signature:	uv	<del></del>

+44 (0)20.3961.3080

**® ASIA PACIFIC HQ** 

## 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. Na	ame of the limited liability company:EAST LAK	E ALF, LLC				
2. (a)	1515 Indian River Blvd, Suite A232	(b)				
2. (ii)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(0)	•	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Vero Beach, Florida, 32960			<del></del>		
	February 3, 2016		L16000023747	,		
3.	Date of filing/registration in Florida	4.	Document nui	mber		
5. (a)	WILLIAMS, JOAN T					
<b>.</b> (,	Registered Agent and Registered Office shown on the records of	of the Florida Dept	, of State:			
	445 24TH STREET					
	Registered Office Address (MUST BE FLORIDA STREET	<u>(ADDRESS)</u>				
	SUITE 300					
	VERO BEACH	132960		<b>202</b> SE FAL		
(b)	COGENCY GLOBAL INC.			FIL 2022 JUN 22 SECRETARY		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address:		22 22 28		
	115 North Calhoun St., Suite 4	,	<del></del> -	OF S		
	NEW Registered Office Address:					
	Tallahassee	1. 32301				
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the State of the registered liability compa of the limited	d office and the busingly, it is hereby confir liability company or a	ess office of the registered med that the change(s)		
/s/ Jo	oan Williams	Joan Wil	lliams			
Signat	ture of a member or authorized representative of a member		Printed or typed	name of signee		
I herel provisi the obl to mere notified	by accept the appointment as registered agent and agons of all statules relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, It in writing of this change.	gree to act in the c performance led for in Chap I hereby confiri	nis capacity. I further of my duties, and I ar ter 605, F.S. Or, if th m that the limited liah	agree to comply with the n familiar with and accept is document is being filed oility company has been		
	mothy Mayville					

Timothy Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent