116000029272

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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3. CHATHAM AUG 1 1 2023 07/11/23--01011--017 **25.00

2023 JUIL 11 11/11 8: 28

COVER LETTER

	sistration Section ision of Corporations		•				
SUBJECT:	COUNTRY AIRE FAMILY COMMUNITIES, LLC Name of Limited Liability Company						
5055501							
Dear Sir or i	Madam:						
The enclose	d Registered Agent/Registered O	ffice Change and	fce(s) are submitted for filing.				
Please return	n all correspondence concerning t	his matter to the f	ollowing:				
Kymberly Ki	ngdon						
	Name of Person						
COUNTRY.	AIRE FAMILY COMMUNITIES, L	LC					
	Firm/Company						
503 E. Jackso	on St #155						
	Address		_				
Tampa, FL 3	3602						
	City/State and Zip Code		_				
glenn.pearsor	12021@gmail.com						
E-mail	address: (to be used for future an	nual report notific	cation)				
For further i	nformation concerning this matte	r, please call:					
Kymberly Ki	ngdon	603 at (560-2709				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:							
a \$	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				

INHS18 (2/14)

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: COUNTRY A	IRE FAMI	LY	COMMUN	NITIES, LLC			
2.	(a)	503 E. JACKSON ST.			(b) 503 E. JACKSON ST.				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	!	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		#155			#155				
		TAMPA, FL 33602	 -		TAMPA, F	TL 33602			
		02/11/2016			_160000292	72			
3.		Date of filing/registration in Florida	4.	-		Document number			
5. ((a)	Comingore, Paul							
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1971 West Lumsden Road			2023 J				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 340				2023 JUL 11			
		Brandon	FL_33511			7.75			
	(b)	HAUGHEY, R.J. II Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>		dd	ress:	8:28			
		401 EAST JACKSON STREET							
		NEW Registered Office Address:	-		<u> </u>	•			
		SUITE 2225	_						
		TAMPA, FI							
cha age was	nge nt w s/we	mited liability company is not organized under the lor changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the	he register liability c s of the lir	rec on nii	l office and apany, it is and liability	the business office of the registered hereby confirmed that the change(s)			
Kymberly Kingdon Kymberly Kingdon									
I h pro the to n	ereb visio obli ngre	over of a member or authorized representative of a member by accept the appointment as registered agent and a constant of all statutes relative to the proper and complete gations of my position as registered agent as provided with the reflect a change in the registered office address. In writing of this change:	gree to ac ie perform led for in I hereby c	et i nar CF	n this capa ice of my d lapter 605, firm that ti	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been			
Sig	natur	elof Registered Agent							