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Lorida Department of State Division of Corporations ronic Filing Cover Shee

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE AVIV JOFFE HOLDINGS, LLC

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## 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

. Na	me of the limited liability company: AVIV JO	FFE HOLDINGS LLC	·
?. (a)	709 CAPE CORAL PARKWAY W  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 709 CAPE CORAL PARKWAY W  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	CAPE CORAL, FL 33914	CAPE CORAL, FL 33914	ļ
	07/19/2017	L17000154883	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	RON ST.CLAIR		
. (4)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	
	709 CAPE CORAL PARKWAY W		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	CAPE CORAL, FI	33914	2821
(b)	Registered Agents Inc.		#PR 27
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	7901 4th St N		FA 1:42
	NEW Registered Office Address:		₹.
	STE 300		
	St. Petersburg	1.33702	
the cha agent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered office and the business of iability company, it is hereby confirmed of the limited liability company or as oth	ffice of the registered that the change(s)

Riley Park Printed or typed name of signee Signature of a member or authorized representative of a member

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent