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(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:						

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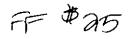


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COVER LETTER

то:	Registration Section Division of Corporations						
SHRII	Colonial Assisted Living at F	Colonial Assisted Living at Fort Lauderdale LLC					
SUBJECT: Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	cc Change and	I fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the	following:				
Ricki	Kanetí						
	Name of Person						
Colon	nial Assisted Living at Fort Lauderd	lale LLC					
27 24	Firm/Company						
200 S	3. Rosemary Avenue						
	Address						
West	Palm Beach, FL 33401						
	City/State and Zip Code		_				
ricki@	gcolonialalf.com						
Ē	-mail address: (to be used for future annu	ual report noti	fication)				
For fur	ther information concerning this matter,	please call:					
Ricki	Kaneti	954 ut (283-1048				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AHING ADDRESS: egistration Section ivision of Corporations O. Box 6327 tllahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy				
INHSIS	8 (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.

. Na	time of the limited liability company: Colonial Assis	ted Living at Fo	rt Lauderdale LLC		
. (a)	2801 NW 55th Avenue		Rosemary Avenue		
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)			
	Lauderhill, FL 33313	West Palm Beach, FL 33401			
	8/24/2017	L170001			
•	Date of filing/registration in Florida	4.	Document number		
i. (a)			_,		
	Registered Agent and Registered Office shown on the records of the	he Florida Dept, of Sta	te;		
	2385 NW Executive CTR Dr. Suite 100		-		
	Registered Office Address (MIIST BE FLORIDA STREET A	DDRESS)			
	Raca Paten	33401	_		
	Boca Raton , FL				
(b)	Ricki Kaneti			₩.S.C.	
(0)	Enter name of NEW Registered Agent and/or NEW Registered (DEC MIAS		
	200 S. Rosemary Avenue			1888 1888 1988	
	NEW Registered Office Address:		•	A-	
				AH IO:	
				5.5	
	West Palm Beach FL	33401		_	
ne cha	imited lizibility company is not organized under the law nge or changes are made the Florida street address of will be identical. Or, in the case of a Florida limited lia are supported by an arismutive vote of the members of cless of organization or the operating agreement of the i	s of the State of Fl the registered offic bility company, it i the limited liability imited liability cor	e and the business office	of the registere	
· ·	the of a member for authorized representative of a member	Ricki Kaneti	Printed or typed name of sign		
heret rovisi ne obli mere	by accept the appointment as registered agent and agree ons of all shuftes relative to the proper and complete pigations of ply position has edistined agent as provided by reflect a change in the registered office address, I have the change of this change.	ve to act in this cap performance of my I for in Chapter 60, ereby confirm that	.,		