L20000 258 605

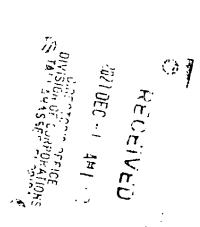
	(Re	questor's Name)	
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☐ F	PICK-UP	☐ WAIT	MAIL MAIL
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ertified Copies	s	Certificates	s of Status
Special Instru	ctions to Filin	g Officer:	

Office Use Only



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To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/01/23 Order #: 1325838-1

Re: LEGACY AT KISSIMMEE, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

AUTH:

Please take the following actions File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

l. Na	me of the limited liability company:LEGACY AT KIS	SSIMM	EE,	LLC					
2. (a)	36 Airport Road, Suite 307 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		36 Airport Road, Suite 307						
(u)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	Lakewood, NJ 08701			Lakewood, NJ 08701					
	08/21/2020	_	L	20000258	3605				
3.	Date of filing/registration in Florida	4.			Document number				
5. (a)	JULIA BAYTLER								
	Registered Agent and Registered Office shown on the records of 21500 Biscayne Boulevard, Suite 402	the Flori	da E	Pept. of State	- e: -				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	SS)		_				
	Aventura	33180)		-	2023 DEC	AP.		
(b)	Burr Forman, LLP				-	1	•		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	2001	<u>'ess</u> :		PH	•		
	Attn: Douglas K. Gartenlaub	•••	2: 0:						
	NEW Registered Office Address:	-	. 0						
	200 South Orange Avenue, Suite 800				_				
	Orlando, FL	32801			_				
change igent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization on the operating agreement of the	registe ability of of the li	red corr mit	office and pany, it is ed liability	d the business office of s hereby confirmed that y company or as otherw	the regist the chang	ered gc(s)		
<u>-</u>		G.	агу	Kassirer					
I hereb provision he obli to mere notified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it in writing of this change.	ree to a perfori d for in hereby	ct ii nan Ch con	this capa ce of my a apter 605 firm that t	Printed or typed name of si acity. I further agree to duties, and I am Jamilia . F.S. Or, if this docum the limited liability com	- -comply-v	with the d accept ng filed been		

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