Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

 1	Address:			
rina i	ACCTESS:			

LLC REGISTERED AGENT CHANGE AHS INVESTMENTS MEMBER, LLC

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.C. Brumbley

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	me of the limited liability company: AHS INVESTME	NTS MI	EMBER, LI	LC		
(a)	12895 SW 132 ST., MIAMI, FL 33186		(b) 12895 SW 132 ST., MIAMI, FL 33186			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	10/26/2021	-	L2100046			
	Date of filing/registration in Florida	4.		Document number		
(a)	CORPORATION SERVICE COMPANY					
	Registered Agent and Registered Office shown on the records of 1201 HAYS ST	tate:				
	Registered Office Address (MUST BE FLORIDA STREET)	_				
				2022		
	TALLAHASSEE , FI	32301		_ : : : : : : : : : : : : : : : : : : :		
	Corporate Creations Network Inc.	ALPR APR 2022 JUH 13				
(b)	Enter name of NEW Registered Agent and/or NEW Registered					
	801 US Highway 1	AH 8:				
	NEW Registered Office Address:					
				_		
	North Palm Beach	33408 3		<u>.</u>		
hang gent	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability of the li	company, i mited liabi	it is hereby confirmed that the change(s) ility company or as otherwise provided in		
be The			Ariana Turoski, Attorney-in-fact			
Sign	anire of a member or authorized representative of a member			Printed or typed name of signee		
rovis he ob o me	eby accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to a perfori d for in hereby	ct in this co nance of m Chapter 6 confirm th	apacity. I further agree to comply with the sy duties, and I am familiar with and acces 55, F.S. Or, if this document is being file at the limited liability company has been		
Æ.	By: Ariana Turoski, Special Secretary ure of Registered Agent					
Signat	ure of Registered Agent					

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