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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE DLH THE ASCENT AT GRANDE PLACE, LLC

Certificate of Status	U
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 695,0114 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. N	ame of the limited liability company: DLH The Ascent a	t Grande F	lace, LLC			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	2102 Palm Tree Drive		2102 Palm Tree Drive Punta Gorda, FL 33950			
	Punta Gorda, FL 33950					
	2/21/2023			1,23000093666		
3.	Date of filing/registration in Florida	4.	D	ocument number		
5. (a)					
υ. (μ	Registered Agent and Registered Office shown on the records of th	e Florida Γ	ept. of State:	, , ,	29	
	HOFFMANN, DANA			u	2007 (77 13	
	Registered Office Address	DDRESS)			, -1	
	2102 PALM TREE DRIVE				 ೯೨೦ -	
	PUNTA GORDA , FL	33950			. 0.	
	C T Corporation System				. D; 2	
(b)	Enter name of NEW Registered Agent and/or NEW Registered C)ffice addr	<u>rs5</u> :		ហ	
	NEW Registered Office Address:		<u>.</u>			
	1200 South Pine Island Road					
	Plantation , FL	33324				
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the law lange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited Wyman	s of the S the registe bility com the limit imited lia	ered office a pany, it is b ed liability o bility comp Vymer	nd the business offi ereby confirmed the company or as other	ce of the registered at the change(s) wise provided in	
	ature of a number or authorized representative of a member			• •	_	
provis the of to med	chy accept the appointment as registered agent and agree stons of all statutes relative to the proper and complete p sligations of my position as registered agent as provided rely reflect a change in the registered office address. I have a within of this change. CT Corporation System Lamas Wasten James Martin	erformar for in Ch ereby con	ice of my au apter 605, i firm that th	tiv. 1 jurther agree ties, and I am famil ES. Or, if this docu e limited liability co	to comply with the tar with and accept ment is being filed impany has been	

Signature of Registered Agent