Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Ėm̃ail Address:_

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

LLC REGISTERED AGENT CHANGE SUTTER LIVING LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR JUMITED LIABILITY COMPANY 4

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	nme of the limited liability company	; 	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/19/24	 L240	00085640
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	REGISTERED AGENT SOLUTIONS, INC.		
(b)	Registered Office Address - <u>(MUST BE FLORIDA STREET</u> 2894 REMINGTON GREEN LN. STE. A		PRAFEB 23 PM 3: 05
	TALLAHASSEE	l. <u>32308</u>	PH 3: 0
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address	5. · · · · · · · · · · · · · · · · · · ·
	7901 4th St N		
	NEW Registered Office Address:	·	
	STE 300		

if the limited framiny company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member Robin Jones Printed or typed name of signee

Thereby 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. und Knocents

- Assistant Secretary

Signature of Registered Agent

David Roberts