M0000001350

(Re	equestor's Name)	
(Ac	ldress)	
(A.	Live	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
1	Office Use Only	,



900040126309

OLOCI -4 PH 4:36
TALLAHASSEE, FISHE

NOTIVE SEE TO NOT STATE OF THE SERVICE SEED OF THE SERVICE SEED OF THE SERVICE SEED OF THE SERVICE SER



ACCOUNT NO. : 072100000032

REFERENCE: 900444

AUTHORIZATION :

COST LIMIT :

ORDER DATE: September 24, 2004

ORDER TIME : 8:48 AM

ORDER NO. : 900444-250

CUSTOMER NO: 5168766

CUSTOMER: Ms. Lisa Schwartz.

Greystone & Co., Inc.

60th Floor

152 West 57th Street New York, NY 10019

CHANGE OF AGENT

NAME: HIDDEN PALMS ALF, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or born, in the state of 1 to 1 aug.	
1. The name of the limited liability company is:_	Hidden Palms ALF, L.L.C.
2. The mailing address of the limited liability cor	mpany is: c/o Greystone & Co., Inc.
152 West 57th Street, 60th Floor, New York	k, NY 10019
07/07/00	M0000001350
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown on the records of the
	oration System
	Name
	th Pine Island Road Address
	ion, FL 33324
	State and Zip
6. The name and address of the new registered ag	gent and/or office:
-	on Service Company
	Name
	1 Hays Street
	(P.O. Box NOT acceptable) FL 32301
Tallahassee	FL 32301 State and Zip
If the limited liability company is not organized use confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or at the operating agreement of the limited liability confirmed that the confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the confirmed that the change or changes are may and the business of the confirmed that the change or changes are may and the business of the change or changes are may and the business office of the registered agent will liability company or at the operating agreement of the limited liability confirmed that the change or changes are may and the business of the limited liability company or at the operating agreement of the limited liability confirmed that the change of the limited liability company or at the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operation of the limited liability	under the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office all be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or ompany.
David Witt, Authorized Person	
(Printed or typed name of signee)	
comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.
Jacqueline M. Gilet	
(Signature of Registered Agent)	
U Division of Corporations, P.O.	D. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)