Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002306973)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

: (954)208-0845

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

Email Address:\_\_

## LLC REGISTERED AGENT CHANGE MOB/BAY-1 OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 05 2019

M. SOLOMON

## 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 Standes, 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.

I. Na	une of the limited liability company:MOB/Bay-1	of Flor	rida, LLC			·
2. (a)		(b	oj.			
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of imited (Note: MAYBE POST	Hiabitity company	<b>3</b> 1
	1920 Main Street, Suite 1200		1920 Main	Street, Suite 1200		
	Invine, CA 92614		livine, CA	92614		
	11/29/2004		M04000	005178		
3.	Date of filing/registration in Florida	4.		Document number		
5 (a)	CORPORATION SERVICE COMPANY					
(,	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept of State	• 2.		
	1201 HAYS STREET				• •	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	Ż		1	20 l9
	TALI AHASSEE, FL	32301	- <del></del>			<b>A</b> U6 -
(fs)	C.T. Corporation System				***	-   P
(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	lress:		:: 43 ± 1 = 4	#I 
	1200 South Pine Island Road				., नेत्र.	ν γ
	NEW Registered Office Address					
	Dt					
	rightation FL	33324				
the chai agent w was we the artic	Plantation FU  mited liability company is not organized under the law nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of ties of organization or the operating agreement of the li	s of the he regis bility co the lim	tered office mpany, it is ited liability iability com-	and the business office hereby confirmed the company or as other many.	ice of the regis	5
	> Belonger	Pauri	cia Belanger,	Secretary		
Signan	me of a member or outbrized representative of a member		~	Printed or typed name of	Signed	
he obli o mere otilied	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered affice address, The in writing of this change.  Assisted Volger Assi Sect	re to act performe for in C preby ea	in this capa ince of my a hapièr 605 infirm that t	icity. I further agree luties, and I am Jamil ,F.S. Or, if this docu he limited liability ca	to comply with lar with and a iment is being impany has be	h the weep filed ren
By Signatur	Michely Golden Asst Sect					