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Account Number : I20150000047 Phone : (239)205-2225 : (239)205-2016 Fax Number

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JUN 03 2019

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.

1. N	ame of the limited liability company:	Discovery Villag	e at Venice, L	LC N. S. J. L. S.	•	
2. (a)	15 Cherry Hills Park Dr.	17	(b) 15 Cher	(b) 15 Cherry Hills Park Dr.		
(u)	Principal office address of limited I (Note: MUST BE STREET			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Englewood CO 80113-7175	5	Englewo	ood, CO 80113-7	175	
	7/18/2006		M060000	••		
3.	Date of filing/registration i		4.	Document number	•	
5. (a	Corporation Service Compan	y · · · · · · · · · · · · · · · · · · ·				
(Registered Agent and Registered Office sho	own on the records of the	Florida Dept. of Sta	te.	S 100	2
	1201 Hays Street				77 73 Mr 18	2819 HAY 31
	Registered Office Address (MUST BE	FLORIDA STREET AD	DRESS)	:		Ă. ≺
				<u> </u>	10) 28 10) 28 11 28	3 r
	Tallahassee	, FL. 32	2301-2525		10 S	
(b	Robert D. Royston, Jr.			<u></u>	STATE	1-SIMA
("	Enter name of NEW Registered Agent and	d/or NEW Registered O	ffice uddress:		**	
	12140 Carrissa Commerce C	Ct., Suite 102				
	NEW Registered Office Address:					
	Fort Myers	, FL ³	3966			
the el agent	limited liability company is not orgathange or changes are made, the Florid will be identical. Or, in the case of ewere authorized by an affirmative votrticles of organization or the operating	da street address of the Florida limited liab te of the members of agreement of the liab	ility company, it the limited liabili mited liability co	is hereby confirmed ity company or as oth ompany.	that the cla terwise pro	ange(s)
Sign	nature of a member or authorized representation	ve of a member		Printed or typed name	of signee	
I her provi the o to me notifi	reby accept the appointment as regist isions of all statutes relative to the pro- bligations of my position or registere arely reflect a change of the following ied in writing of the curve	tered agent and agree oper and complete p ed agent as provided ed office address, I he	e to act in this ca erformance of m for in Chapter 60 reby confirm tha	pacity. I further agre y duties, and I am fan 95, F.S. Or, if this do n the limited liability	ee to compi niliar with ocument is l company h	ly with the and accept being filed us been
Sign	nure of Auguster Agent Robert	RD. Poysion, in				
	Division of Cor	rporations• P.O. Be	ox 6327• Tallah:	assee, FL 32314		
		FILING FE				