M0100005548

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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al Instructions to Filing Officer:						
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JAN 18 2023						
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCO	OUNT NO.	: I2000000	195
RI	EFERENCE	: 344554	5042714
AUTHO	RIZATION	: mullible	Ba.
COS	ST LIMIT	: \$ 25.00	
ORDER DATE : January	11, 2023		
ORDER TIME : 11:46 AM			
ORDER NO. : 344554-1	17		
CUSTOMER NO: 5042	714		
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CHI	ANGE OF AC	GENT	
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NAME: HTA -	· E LPOKII	DA LTC, LLC	
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PLEASE RETURN THE FOLI	OWING AS	PROOF OF FIL.	ING:
CERTIFIED COPY XX PLAIN STAMPED			
CONTACT PERSON: Eylie	ena Baker		
	EXA	AMINER'S INIT	IALS:

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. Na	nne of the limited liability company:	ITA - E FLOR	IDA LTC, LLC			
2. (a)	16435 North Scottsdale Road, Suite 320)	(b)	-		
(-)	Principal office address of limited liability (Note: MUST BE STREET ADD.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Scottsdale, AZ 85254					
	09/14/2007		M07000	005548		
3. 5. (a)	Date of filing/registration in Flo C T Corporation System	orida	4.	Document number		
). (a)	Registered Agent and Registered Office shown of 1200 South Pine Island Road	n the records of t	the Florida Dept. of S	tate:	SECRETARY FALLAHASSI	i n
	Registered Office Address (MUST BE FLOR	IIDA STREETA	(DDRESS)		€23 [12]'	
	Plantation	, FL	33324	<u> </u>	OF 533	
(b)	Enter name of NEW Registered Agent and/or N	EW Registered	Office address:			4. 4.2 (2)
	NEW Registered Office Address: 1201 Hays Street			_		
	Tallahassee	, Fl.	32301	<u></u>		
hange gent w vas/we	mited liability company is not organized or changes are made, the Florida street a ill be identical. Or, in the case of a Florice authorized by an affirmative vote of these of organization or the operating agre-	ddress of the i da limited lial ne members of	registered office a bility company, it f the limited liabil	and the business office is hereby confirmed t ity company or as oth	of the regist	tered ge(s)
/s/ Jil	l Cilmi		Jill Cilmi, Aut	horized Person		
Signati	ire of a member or authorized representative of a	member		Printed or typed name of	of signee	
rovisio he obliz o merei	y accept the appointment as registered a ns of all statutes relative to the proper a gations of my position as registered agen ly reflect a change in the registered offic in writing of this change.	nd complete p it as provided e address, I h	ee to act in this ca performance of my for in Chapter 60 ereby confirm tha rporation Servic) duties, and I am Jam. 15, F.S. Or, if this doc t the limited liability c	e to comply v iliar with an cument is bei company has	with the d accept ing filed been
Signature	of Registered Agent		•	sst. Vice President		