

8/1/2019

Division of Corporations

**M08000003866**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**LLC REGISTERED AGENT CHANGE  
HCP JACKSONVILLE, LLC**

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AUG 06 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 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. Name of the limited liability company: HCP Jacksonville, LLC

2 (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1920 Main Street, Suite 1200

Irvine, CA 92614

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1920 Main Street, Suite 1200

Irvine, CA 92614

3. 08/21/2008 Date of filing/registration in Florida 4. M08000003866 Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE

FL 32301

C T Corporation System

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

1200 South Pine Island Road

NEW Registered Office Address

Plantation

FL 33324

If the limited liability 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.

P Belanger Signature of a member or authorized representative of a member

Patricia Belanger, Secretary

Printed or typed name of signer

I hereby 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.

By Michelle Holder, Asst Secy  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

INHS18 (2/14)

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TALLAHASSEE, FLORIDA  
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