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Division of Corporations

Florida Department of State

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From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone 407-540-7576

407-641-8361 Fax Number

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susana.carcasona@cnl.com Email Address:

LLC REGISTERED AGENT CHANGE CHT HARBORCHASE ASSISTED LIVING OWNER, LLC

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Page: 3 of 3

H21000394367 3

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 ogent, or both, in the State of Florida.

1. Na	ame of the limited liability company: CHT Harborcha	se Assisted	Living Ow	vner, LLC		
2 (a)		(b	}			
(-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, 	Mailing address of limited liabil		
	450 S. Orange Avenue, 14th Floor		P.O. Box	4920		
	Orlando, FL 32801		Orlando,	FL 32802-4920		
	08-16-2012		M1200000	04648		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept, of Sta	alv:		
	Amy J. Patterson				2021 OCT 22	51A17
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		-	8	NON SION	
	450 S. Orange Avenue				7.	으로.
	Orlando				2	응취
	Orlando , F	L			>	골목
41.5					AM 10:	CORPORATE Y OF STATE
(6)	Enter name of NEW Registered Agent and/or NEW Registers	d Office nde	fress:	- •	=	要車
					~	_
	Tracey B. Bracco					
	NEW Registered Office Address:		•			
	450 S. Orange Avenue, 14th Floor					
	and the set to be a set of the se					
	Orlando F	1, 32801 L				
change agent v was/we	imited liability company is not organized under the la or changes are made; the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of the c registere iability cor of the limited li	State of F d office a mpany, it ited liabili ability co	lorida, it is hereby confirment the business office of the is hereby confirmed that the ity company or as otherwise mpany.	e register e change	ed (s)
	01	Trac	ey B. Brac			
-	tire of a member or authorized representative of a member			Printed or typed name of signs		
provisi the obli to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	r performa	עומ זמ שאנו	i aunes, ana 1 am iaminar v	vun ana c	ucevi
Signatur	re of Registered Agent					

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