

## Florida Department of State Division of Corporations

19542080845 From Ranae McGraw

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	Division of Co		
	Fax Number	: (350)617-6383	
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1.040.	Account Name	: C T CORPORATION SYSTEM	
		: FCA000000023	
	Phone	: (614)230-3338	
	Fax Number	: (954)208-0845	

Email Address:

19 AUG - L PH 4: C SECRETARY OF STATE

## LLC REGISTERED AGENT CHANGE HCP SPRINGTREE, 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.

I.	Name of the limited liability company: HCP Spring	gtree, LL	C			
2 (2	Principal office address of limited hability company.  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	1920 Main Street, State 1200	1920 Main Street, Suite 1200				
	Irvine, CA 92614		livine, CA 92614			
	06/14/2013		M13000003788			
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 1201 FIAYS STREET	the Florida	Dept of State.			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>D</u>	2019			
				1 AUG		
	TALLAHASSEE, FI	.32301	in the second se	i G		
	C.T. Corporation System		dress:	— Р		
()	Enter name of NEW Registered Agent and/or NEW Registered	4rest:	PH 12:			
	1200 South Pine Island Road		<b>1</b> 0.			
	NEW Progistered Office Address:					
	Plantation	33324				
the o agen was the a	e limited liability company is not organized under the la change or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of cricles of organization or the operating agreement of the	ws of the f the regis ability co of the lim limited l	State of Florida, it is hereby confirmed that after stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in			
Sis	manure of a member or fully rized representative of a member		Printed or typed name of signee	_		
I he proving the or more	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete ishlugations of my position as registered agent as provide crely reflect a change in the registered office address. I ted in writing of this change.  A school Holdey Assi Sect  A length of the file.	ree to ac	t in this canacity. I further agree to comply with th	re 191 Vd		