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LLC REGISTERED AGENT CHANGE DOC-15255 MAX LEGGETT PKWY MOB, LLC

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K. SALY JUN 18 2024

From: Kaity Toon

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 Statues, 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	me of the limited liability company: DOC-15255 MAX 4600 South Syracuse Street	LECICIO			h Syracuse Street	
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b	יי	Ŋ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Denver, CO 80237 06/26/2013		Sui	ite 500		
				De	nver, CO	0 80237	
				MU	M13000004100		
3. 5.	(n)	Date of filing/registration in Florida SPI AGENT SOLUTIONS, INC.	4.		-	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the 1540 GLENWAY DR.	.					
	Registered Office Address (MUST BE FLORIDA STREET AL		72.2				
	TALLAHASSEE , FL 32301				TARE TO		
		C T Corporation System				JUN 17 AR	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Q	Office ad	dress	;	TILL AHASSEL FLORID		
		NEW Registered Office Address:				9, 0	
		1200 South Pine Island Road	-				
		Plantation, FL 3	3324	_		_	
the ag	e cha ent v as/w e art	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the latest Press.	he regicility extra the linited	istere ompi nited liabi	ed offici any, it i Hiabilit lity con	e and the business office of the registered s hereby confirmed that the change(s) ly company or as otherwise provided in	
		ture of a member or authorized representative of a member		17.4	IL I IÇA	Printed or typed name of signee	
l pr th to no By	here ovis e ob mer nifie	hy accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. C. T. Corporation System EAN L. BARKOK ASSSIANT SECRETARY THE OF Registered Agent	perjorn I for in ereby c	et in i nanc Cha confii	this cap e of my pter 60 rm that	racity. I further garee to comply with the	

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