M14000000829

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195								
REFERENCE : 609283 8295390								
AUTHORIZATION:								
COST LIMIT : \$ 25.00								
ORDER DATE : August 28, 2024								
ORDER TIME : 2:25 PM								
ORDER NO. : 609283-042								
CUSTOMER NO: 8295390								
CHANGE OF AGENT								
NAME: IA ORLANDO SUNCREST VILLAGE, L.L.C.								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY								
XX PLAIN STAMPED COPY								
CONTACT PERSON: Amanda Miller								
EXAMINER'S INTITALS:								

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	ame of the limited liability company:	SUNCRE	ST VILLA	AGE, L.L.C.		
2. (a)	3025 Highland Parkway Suite 350	(1	3025 H	ghland Parkway Suite 350		
<i>z.</i> (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·/	y company: CE BOX)		
	Downers Grove, IL 60515		Downer	ers Grove, IL 60515		
_	02/05/2014		M14000			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	State:	2			
(b)	PLANTATION	33324		TAL	F T 2024 SEP SECRETA TALLA	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			TAKE OF STATE	-5 P M	Ē
	NEW Registered Office Address:			म	m 4	
	1201 Hays Street					
	Tallahassee, FL	32301				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	d office a mpany, it ited liabil	and the business office t is hereby confirmed t lity company or as oth	of the a	registered change(s)
/S/ CHI	RISTY L. DAVID	CH	RISTY L.	DAVID, AUTHORIZED) PERS	ON
-	ture of a member or authorized representative of a member			Printed or typed name of	-	
provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I din writing of this change.	performo d for in C hereby co	ince of m Thapter 60 Infirm tha	y duties, and I am fam. 05, F.S. Or, if this doc at the limited liability o	iliar wii	th and accent
Signatu	GRACE E. KIRBY, ASST. V	VICE PRI	22IDEN I	ı		