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Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

Please keep original filing date of

3/23/2020.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emali	Address:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CYPRESS GARDEN HOMES, LLC

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MAR 2 6 2020

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} APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of		
State: Cypress Garden Homes, LLC			
Enter new principal office address, if applicable:	1920 Main Street, Suite 1200		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Irvine, CA 92614		
Enter new mailing address, if applicable. (Mailing address	1920 Main Street, State 1200 Irvine, CA 92614		
MAY BE A POST OFFICE BOX			
2. The Florida document number of this limited lia	ability company is:		
3. Jurisdiction of its organization: Delaware	2020 SE TAL		
4 Date authorized to do business in Florida: 9/3/2			
SECTION II (5-9 complete only the applicable	CONTRACTOR		
5. New name of the limited liability company: (mus	sr contain "Limited Liability Company, " "L.L.C., "-or, "LLE")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	for the purpose of transacting business in Florida and attachra maging members adopting the alternate name. The alternate name C." or "LLC.")		
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, <u>enter the name of the new</u> <u>ddress here:</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
	, Florida		
	City Zip Code		
the provisions of all statutes relative to the proper and accept the obligations of my position as regis.	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited		

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itle/ Capacity	Name	Address	Type of Action
President	Jerftey H. Miller	1920 Main Street, Suite 1200	SAdd
		Irvine, CA 92614	□Remo
MGRM	CCRC PropCo Ventures, LLC *	1920 Main Street, State 1200	□Add
	*Address update only		
		Itvine, CA 92614	□Remo
. 11.10-2-2111			□Add
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aforemention	ander the law commodens of the law or,	by the official having custody of records in the gamzed.	
	3004B19579A3415I'C (of the authorized representative	
	Jeffrey H. Miller, President a	nd CEO	

Filing Fee: \$25.00