## M1500004925

(F	Requestor's Name)	
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(*	\ddress)	
	Address)	<u></u>
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(0	City/State/Zip/Phone #)	
3		
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	<del></del>
(0	Document Number)	
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Certified Copies	Certificates of	Status
		_
Special Instructions to	o Filing Officer:	
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Office Use Only



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19 SEP | # 101 | 1:50

T GLASS SEP 2 0 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

4

ACCOUNT NO. : I2000000195

REFERENCE : 927722 2 817123

AUTHORIZATION :

COST LIMIT : \$ 25.00

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ORDER DATE: September 19, 2019

ORDER TIME : 11:29 AM

ORDER NO. : 927722-010

CUSTOMER NO: 8171235

## CHANGE OF AGENT

NAME: AH ZEPHYRHILLS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson

EXAMINER'S INITIALS:

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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 ap	opears on the records of the Florida Department of			
State: AH Zephyrhills LLC				
Enter new principal office address, if applicab	le: c/o ReNew AH Landford LLC			
(Principal office address MUST BE A STREET ADDRESS)	One SeaGate, Suite 1500			
	Toledo, Ohio 43604			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
2. The Florida document number of this limit	ted liability company is: M 1500000 4925			
3. Jurisdiction of its organization: Michigan	NAME OF TAXABLE PARTY.			
4. Date authorized to do business in Florida: <u>June 23, 2015</u>				
SECTION 11 (5-9 complete only the applica	ible changes)			
5. New name of the limited liability company:				
(If name unavailable, enter alternate name adopte of the written consent of the managers or managent contain "Limited Liability Company," "L.L.C."	ed for the purpose of transacting business in Florida and attach a copy ging members adopting the alternate name. The alternate name must or "LLC.")			
6. If amending the registered agent and/or re registered agent and/or the new registered offi	gistered officer address on our records, enter the name of the new ce address here:			
Name of New Registered Agent: Corporation	Service Company			
New Registered Office Address: 1201 Hays S	Street Enter Florida Street Address			
	Tallahassee , Florida 32301 City Zip Code			
with the provisions of all statutes relative to the with and accept the obligations of my positio this document is being filed to merely reflect a limited liability company has been notified in	g Registered Agent: I agent and agree to act in this capacity. I further agree to comply e proper and complete performance of my duties, and I am familiar in as registered agent as provided for in Chapter 605, F.S. Or, if a change in the registered office address, I hereby confirm that the			

		<u> </u>	<del></del>	
Title Capacity	<u>Name</u>	Address	Type of Acti	ion
MBR	ReNew AH Landlord LLC	One SeaGate, Suite 1500 Toledo, OH 43604	⊠ ∧dd	
			Remove	
MBR	HSRE - AHR Zephyrhills, LLC		☐ Add	
		One Towne Square, Suite 1600, Southfield, MI 48076	Remove	
MGR	ReNew AH Landlord LLC	One SeaGate, Suite 1500 Toledo, OH 43604	⊠ Add	
			Remove	
MGR	HSRE - AHR Zephyrhills, LLC		☐ Add	
		One Towne Square, Suite 1600, Southfield, MI 48076	⊠ Remove	2019 5
			□ Add .	<u>- 1</u>
		•	Removė	· · · ·
aforementioned	ertificate, if required: no more than 90 c amendment(s), duly authenticated by ler the law of which this entity is organ	the official having custody of re-	cords in the	æ: 35
	RENEW ALL ANDLORD LLC	C, Søle Member		
	By: Sh w St			
	_	e authorized representative		
	Steven W. Schroeder	ed name of signee		

Filing Fee: \$25.00