12/22/2017



Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:			i, s		
	Account Name	: C T CORPORATION SYSTEM			
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P# 12: 00

S. WARREN

DEC 2 6 2017

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 submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: ORLANI	DOFLSENIORP	ROPERTY,	LLC	···
2. (a)		(t	o)	Mailing address of limited lia	
	Principal office address of limited liability comp. (Note: MUST BE STREET ADDRESS)	any:		Mailing address of limited li: **Onto: MAYBE POST O	
	THEASTSEGOLILYDRIVE,SUITE400		THEAST	SEGOLILYDRIVE,SUITE400	
	SANDY,UT84070		SANDY,U	TT84070	
	10/20/2016		M16000008-		
١.	Date of filing/registration in Florida	4.		Document number	
. (a)	CORPORATIONSERVICECOMPANY				
. (11)	Registered Agent and Registered Office shown on the re-	cords of the Florida	Pept, of State	<u>.</u>	
	Registered Office Address (MUST BE FLORIDA ST 120111AYSSTREET				
	TALLAHASSEE	, FL 32301-2	525	- 	17
(b)				- - - - - -	, DE(
	CTCorporationSystem NEW Registered Office Address:		79 20 20 20 20 20 20 20 20 20 20 20 20 20	FILED 7 DEC 22 PM 12: (
	1200SouthPineIslandRoad		00		
	Plantation	EI 33324			
he cha igent v vas/we he arti	imited liability company is not organized under inge or changes are made, the Florida street addivided by in the case of a Florida line or authorized by an affirmative vote of the medicles of organization or the operating agreement of a member or authorized representative of a member by accept the appointment as registered agent to the proper and colinations of all statutes relative to the proper and colinations of all statutes relative to the proper and colinations of all statutes in the registered agent as per reflect a change in the registered office additions.	dress of the reginated liability of mbers of the limited of the limited	stered office ompany, it is med liability Embility com- phanieBoelm	e and the business offices hereby confirmed that y company or as otherwhapany. Printed or typed name of security. I further corea to	e of the regist the change(s vise provided
CTC	James	M. Halpin	~, , , , , , , , , , , , , , , , , , ,		,,,
	Division of Corporations	• P.O. Box 632 .ING FEE: \$25		ssee, FI. 32314	

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