MIGLECCICI931

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) *read Copies Certificates of Status scial Instructions to Filing Officer:		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) *red: Copies Certificates of Status ====================================		(Requestor's Name)
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Office Use Only	eral Instructions to	Filing Officer:
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	I2000000195
REFERENCE	:	413429 8256157
AUTHORIZATION	:	Spredele man
COST LIMIT		\$ 25.00

ORDER DATE : January 26, 2023

ORDER TIME : 9:10 AM

ORDER NO. : 413429-012

CUSTOMER NO: 8256157

CHANGE OF AGENT

NAME: LG-OHI HOLDINGS GP LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

* 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.

(a)	303 International Circle Suite 200	(b)_	303 International Circle Suite 200
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	、,	Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BON</u>)
	Hunt Valley, MD 21030		Hunt Valley, MD 21030
	11/18/2016	 M	116000009314
	Date of filing/registration in Florida	4	Document number
(a)			
(-)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	the Florida D	lept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION FI	33324	2023 JAN 30
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, FI	32301	

/s/ Mordechai Kaplan

Signature of a member or authorized representative of a member

the articles of organization or the operating agreement of the limited liability company.

Mordechai Kaplan, Authorized Person Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

hace Lethoby

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

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