M17000009425

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Do | cument Number) | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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BECEIVED

O SIMMONS



7/24/2018

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

| Date: |
|--|
| Name:Chris Vick |
| Reference #: |
| Entity Name: TAMAYA SENIOR LIVING, LLC |
| Articles of Incorporation/Authorization to Transact Business |
| ☐ Amendment |
| ☑ Change of Agent |
| Reinstatement |
| Conversion |
| ☐ Merger |
| ☐ Dissolution/Withdrawal |
| Fictitous Name |
| Other |
| Authorized Amount: 35 |

I CORPORATE HO

Signature: _

COGFNCY GLOBAL INC. 10 E 40 - \$1,10 ° FL NY, NY 10015 800,221,0102 +1,212,947,7200 @EUROPEAN HQ

COGHNCY GLOBAL (UK) HIMITED
REGISTERED MENGLAND & WALES
REGISTAL SECTION
6 BEVIS MARKS, 14 FL
LONDON ECBA 78A
44 (0)20.3786.1090

@ ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED A HONG FONG I MITTO COMPANY INFINITUS PLAZA, 1711 L. 199 DES VOEUX RD CENTRAL HONG KONG. 4852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

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.

| Name of the limited liability company: | | T/ | TAMAYA SENIOR LIVING, LLC | | |
|--|--|------------------------------------|---------------------------------------|--|--|
| 2. (a) | | | (b) | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | · / _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 533 South Third Street, Suite 100 | | | | |
| | MINNEAPOLIS, MN 55415 | | | | |
| | 11/06/2017 | | | M17000009425 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | NRAI SERVICES, INC. | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | f the Flor | ida Dept. of | State: | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRE | <u>22)</u> | | |
| | 1200 SOUTH PINE ISLAND R | OAD | | | |
| | PLANTATION , F | `L | 33324 | . <u></u> | |
| (b) | (b) COGENCY GLOBAL INC. | | | SEC 5 | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | ed Office | address; | THE THE PERSON NAMED IN COLUMN TO PERSON NAM | |
| | 115 North Calhoun Street, Suite | e 4 | | FILED IN 24 ME | |
| | NEW Registered Office Address: | | | FLORE S | |
| | | | | | |
| | Tallahassee , F | :L | 32301 | | |
| the cha agent v was/w | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the re liability s of the | gistered o company, imited lial | ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in | |
| | /S/ Brian C. Murray | _ | | Brian C. Murray | |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name of signee | |
| provision the object to mer | by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change. | te perfo ded for i | rmance of n Chapter | my duties, and I am familiar with and accept 605. F.S. Or. if this document is being filed | |
| 0: | /S/ Tim Mayville | Tim M | lawille. A | Assistant Secretary | |
| Signati | are of Registered Agent | 1 11 11 17 | , ·, / | TO THE STATE OF TH | |