M17000010861

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J DIN 143					
308 7704					





400428480324

PHAY 30 PH 3: 1

2024 MAY 30 AH 10: 14

COVER LETTER

	ration Section on of Corporations		
SUBJECT:	Winter Springs Retirement Residence	ce LLC	
_	Name of Foreign	Limited Liability Co	mpany
Dear Sir or M	adam:		
The enclosed	application, certificate and fee(s) a	re submitted for filing	g.
Please return a	all correspondence concerning this	matter to the followi	ng:
	Name of Person		
	Firm/Company		
	Address		
	City/State and Zip Code		
E-mail addr	ress: (to be used for future annual r	eport notification)	
For further inf	formation concerning this matter, p	lease call:	
	Name of Person	Area Code & Day	time Telephone Number
Regist Divisi P.O. E	<u>Address:</u> ration Section on of Corporations Box 6327 assee, FL 32314	Divisio The Ce 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
Enclos □\$25 Filing F CR2E055 (9/15)	sed is a check for the following a Fee	mount: ☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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)

Name of limited liability Company as it appears on the records of the Florida Department	. of
State: Winter Springs Retirement Residence LLC	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CRE
2. The Florida document number of this limited liability company is: M17000010861	<u> </u>
3. Jurisdiction of its organization: Washington	
4. Date authorized to do business in Florida: 12/22/2017	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: (must contain "Limited Liability Company, " "I	L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in copy of the written consent of the managers or managing members adopting the alternate namust contain "Limited Liability Company," "L.L.C." or "LLC.")	Florida and attach a ne. The alternate name
6. If amending the registered agent and/or registered officer address on our records, enter the registered agent and/or the new registered office address here:	name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida Street Add	dress
Florid	la Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe the provisions of all statutes relative to the proper and complete performance of my duties, a and accept the obligations of my position as registered agent as provided for in Chapter 605, document is being filed to merely reflect a change in the registered office address, I hereby co liability company has been notified in writing of this change.	er agree to comply with nd I am familiar with . F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Action	
			□Add	
			□Remove	
			□Add	
			□Remove	
			□Add	
			□Remove	
			□Add	
			□Remove	
		 	□Add	
aforementioned ame	e law of which this entity is orga	y the official having custody of records in the	□Remove	
		Spragins		

Filing Fee: \$25.00

Secretary of State

I, STEVE'R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to records on-file in this office,

CERTIFICATE OF CONVERSION

From

WINTER SPRINGS RETIRMENT RESIDENCE LLC, a/an

Washington Limited Liability Company, converted out of the State of Washington

to

WINTER SPRINGS RETIRMENT RESIDENCE LLC, a/an

Delaware Limited Liability Company effective on the date indicated below.

Effective Date: 05/21/2024

Issued Date: 05/31/2024

UBI Number: 604 203 636

STATE OF WASHINGTON

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Shen R Hohlie

Steve R. Hobbs, Secretary of State