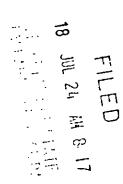
## 1118000000860

| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Address)                               |                   |             |  |  |
| (Ci                                     | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Business Entity Name)                  |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | Certificates      | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

| Date:         | 7/24/2018                 | Accounts. 12000000000      |
|---------------|---------------------------|----------------------------|
| Name:         | Chris Vick                |                            |
| Reference #   | C023187                   |                            |
| Entity Name   | SENIOR LIVING             | AT SARASOTA, LLC           |
| Articles of   | of Incorporation/Authoriz | ation to Transact Business |
| Amendm        | ent                       |                            |
| ☑ Change      | of Agent                  |                            |
| Reinstate     | ement                     |                            |
| ☐ Conversi    | on                        |                            |
| ☐ Merger      |                           |                            |
| ☐ Dissolution | on/Withdrawal             |                            |
| Fictitous     | Name                      |                            |
| Other         |                           |                            |
| Authorized A  | Amount:                   | \$\lambda{5}               |

CORPORATE HQ

Signature:

COGENCY GLOBAL INC. ID E 40 - \$1, 10 1 FL 11Y, NY 10015 800.221.0102 +1.212.947.7200 DEUROPEAN HO

COGENCY GLOBAL (UK) HIMHED REG STERED HENGLAND R WALES REG STER BROOZZ 6 BEVIS MARKS, PEFL LONDON ECBA 7BA +44 (0)20,3786,1090 @ ASIA PACIFIC HQ

COGENCY GLOBAL (HK) LIMITED A HONG YONG LATTO COMPANY INFINITUS PLAZA, 12" FL 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.

| 107144                                 |   | LIVING A   | AT SARASOTA, LLC   |
|--|---|--|--|
|  | me of the limited liability company:  |  |  |
| (a)                                    | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ (b)  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|  | 533 South Third Street, Suite 100   |  |  |
|  | MINNEAPOLIS, MN 55415   | _  |  |
|  | 01/24/2018  |  | M18000000860   |
|  | Date of filing/registration in Florida  | 4.   | Document number  |
| . (a)                                  | NRAI SERVICES, INC.   |  |  |
| . (u)                                  | Registered Agent and Registered Office shown on the records of th   | ne Florida Dep   | t. of State:   |
|  |   |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |  |
|  | 1200 SOUTH PINE ISLAND ROA  | AD   |  |
|  | PLANTATION , FL_  | 3332   |  |
| (b)                                    | COGENCY GLOBAL INC.   |  | φ  |
| (0)                                    | Enter name of NEW Registered Agent and/or NEW Registered 6  | Office address   | 10000000000000000000000000000000000000   |
|  | 115 North Calhoun Street, Suite 4   | <b>,</b>   |  |
|  | NEW Registered Office Address:  |  |  |
|  | Tallahassee , FL  | 3230   | 1  |
| he cha<br>igent w<br>vas/we            | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the l                 | the registere<br>bility comp<br>f the limited                  | ed office and the business office of the registered<br>any, it is hereby confirmed that the change(s)<br>Hiability company or as otherwise provided in   |
|  | /S/ Timothy M. Gray   |  | Timothy M. Gray  |
| I herel<br>provisi<br>he obl<br>o mere | ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change. | ee to act in t<br>performance<br>I for in Chap<br>pereby confi | Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep over 605, F.S. Or, if this document is being filed rm that the limited liability company has been |
|  | /S/ Tim Mavville  | im Maradii   | a Assistant Secretary  |
| Signatu                                | re of Registered Agent  | iiii wayviii   | e, Assistant Secretary   |