

1140 0000

1222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

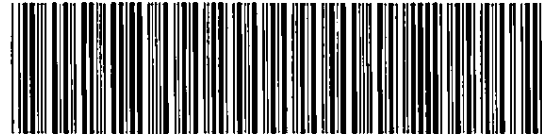
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN -8 AM 8:40
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

UIS
1-9-19



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 01/08/2019

Name: Merritt Walker

Reference #: C023962

Entity Name: CARE RSL PROPCO GP LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: MMW

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

1. Name of the limited liability company: CARE RSL PROPCO GP LLC

2. (a) Principal office address of limited liability company: 211 W. Main Street, Suite 400
(Note: **MUST BE STREET ADDRESS**)

CARMEL, IN 46032

(b) Mailing address of limited liability company: 211 W. Main Street, Suite 400
(Note: **MAY BE POST OFFICE BOX**)

CARMEL, IN 46032

February 5, 2018

M18000001222

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

C T Corporation System

Registered Office Address:

1200 South Pine Island Road

1200 South Pine Island Road

Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

COGENCY GLOBAL INC.

NEW Registered Office Address:

115 North Calhoun St., Suite 4

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee

,FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Scott D. Higgs
Signature of a member or authorized representative of a member

Scott D. Higgs

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.

Sean Honan
Signature of Registered Agent

Sean Honan, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (12/13)

FILED

2018 JAN -8 AM 8:16

DEPT OF STATE
TALLAHASSEE, FLORIDA