

12/4/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

RESUBMIT: Please
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CPF LIVING COMMUNITIES II MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2020 DEC 21 PM 1:35

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Electronic Filing Menu

Corporate Filing Menu

Help

H20000415087 3

H20000415087 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPF Living Communities II Management, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay Flatt

Name of Person

CPF Living Communities II Acquisitions, LLC

Firm/Company

2 N Tamiami Trail, Suite 200

Address

Sarasota, FL 34236

City/State and Zip Code

jflatt@cpfounders.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meghan McDonald

at (847)

324-7994

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

H20000415087 3

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CPF Living Communities II Management, LLC

Enter new principal office address, if applicable: 2 N Tamiami Trail., Suite 200

(Principal office address)
MUST BE A STREET ADDRESS

Sarasota, FL 34236

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

2 N Tamiami Trail., Suite 200

Sarasota, FL 34236

2. The Florida document number of this limited liability company is: M19000003420

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/04/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

Florida 32301

City

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 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.

[Signature]

If Changing Registered Agent, Signature of New Registered Agent

FILED

2020 DEC -7 PM 12:20
CLERK OF COURT
TALLAHASSEE, FL

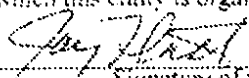
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CPF LIVING COMMUNITIES II, LLC	2 N Tamiami Trail, Suite 200	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
AP	John Rijos	2 N Tamiami Trail, Suite 200	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
AP	Jay Flatt	2 N Tamiami Trail, Suite 200	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Jay Flatt

Typed or printed name of signer

Filing Fee: \$25.00