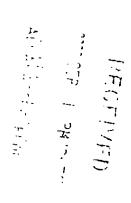
M2]00001650

(Requestor's Name)					
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
J. HORNE					
	SEP - 2	2022			

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DOCUMENT NUMBER **PLEASE FILE THE ATTACHED AND RETURN** XXXXX Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certificate of Good Standing	
DOCUMENT NUMBER **PLEASE FILE THE ATTACHED AND RETURN** XXXXX Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
PLEASE FILE THE ATTACHED AND RETURN XXXXX Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
XXXXX Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
Certified Copy Certificate of Status ***PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments	
Certified Copy of Arts & Amendments	
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
TOTAL OWED \$25 ACCOUNT #: 120160000072	
S. R. FM	
Please call Tina at the above number for any issues or concerns. Thank you so mo	uch!

COVER LETTER

TO: Registration Section Division of Corporations	
Miami SNF Lease Holdings LLC SUBJECT:	
· · · · · · · · · · · · · · · · · · ·	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Tsvi Goldstein	
Name of Person	
Platinum Filings LLC	
Firm/Company	
99 West Hawthorne Ave., Suite 408	
Address	
Valley Stream/NY 11580	
City/State and Zip Code	
agent@platinumfilings.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Tsvi Goldstein 8	263-1553
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, Ff. 32303
Enclosed is a check for the following amoun	ıt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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,

l. N	ame of the limited liability company: Miami SNF Lease	: Holdings	LLC	
2. (a)	1000 GATES AVE. BROOKLYN, NY 11221	(b)	1000 GA	TES AVE. BROOKLYN, NY 11221
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7	2/11/2021		M2100000	
3.	Date of filing/registration in Florida Vcorp Services, LLC	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept, of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET) Plantation	ADDRESS)		_
	,F1.	33324		MALCALLAS
(b)	PLATINUM AGENT SERVICES LLC			至二
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	l <u>ress</u> :	ED Million 28
	155 Office Plaza Dr			
	NEW Registered Office Address:			
	Tallahassee, FL	32301		
change agent v was/w	limited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registered bility con I the limi	d office ar npany, it i ted liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	/s/ Leopold Friedman	Leop	old Friedm	
-	iture of a member or authorized representative of a member		al.::	Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete p ligations 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 i performa I for in Co iereby coi	n this cap nce of my hapter 60. ufirm that	Dacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	/s/ Steven Friedman			
Signatu	re of Registered Agent			