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

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LLC REGISTERED AGENT CHANGE AG EHC II (MTH) MULTI STATE 1, LLC

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M. SOLOMON

OCT 2 4 2024

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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.

1. Na	ame of the limited liability company: AG EHC II (MT	H) Muli	i State 1, LLC		***************************************		
2. (a)	245 Park Avenue, 26th Floor		(b) 245 Park	Avenue, 26th Floor			
- (***	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE PO.	-		
	New York, NY 10167		New Yor	rk, NY 10167			
	11/15/2021		M2100001	15228			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	C T CORPORATION SYSTEM						
). (a)	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept. of St	ale:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	(SS)	_			
					100	2021	
	PLANTATION, F	L_33324				1024 OCT 23	em 42:
(b)	Corporate Creations Network Inc.				2; 2;		j
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	address:		This	PH 4:	5-
	801 US Highway 1				구름	: 28	****
	NEW Registered Office Address:						
	North Palm Beach	L_33408		_			
change agent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the street and agreement of the street and agreement of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address.	iws of the registration of the limited E	ne State of Fered office a company, it imited liabil diability costrella Tavare	nd the business officis hereby confirmed ity company or as oth impany. 2. Attorney-in-Fact Printed or typed name pacity. I further agree	e of the reg that the ch herwise pro- of signee	gistered ange(s) ovided	l) in the

Signature of Registered Agon