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Division of Corporations

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LLC REGISTERED AGENT CHANGE AG EHC II (CMH) MULTI STATE 2, LLC

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K. SALY OCT 3 1 2024

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.

Na	ime of the limited liability company: AG EHC II (CMI	H) Multi	Stat	ie 2, LLC	
(a)	• • •		245 Park	Avenue, 26th Floor	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· / -	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10167	-	- 1	New York	NY 10167
	05/18/2022		M	22000007	816
(a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	***************************************		Document number
(b) _	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florio	ia D	ept. of State	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	SI		MA OUT 30 PM 4: 14 TALLAHASSEEF LORIG
	PLANTATION, FL	33324			A 30
	Corporate Creations Network Inc.				PH H
	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	<u>ddre</u>	<u>155</u> :	
	801 US Highway I				<u>a</u> : <u>a</u> :
	NEW Registered Office Address:	-	•		-
	North Palm Beach, FL	33408			
nge nt w a/we artic	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lin	ed omp nite	office and pany, it is d liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
_	atrella Tavarez ure of a member or authorized representative of a member	Est	rella	Tavarez,	Attorney-in-Fact
					Printed or typed name of signee
visio obli nere	by accept the appointment as registered agent and agr ons 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, I I I in writing of this change.	perform d for in hereby c	anc Cha conf	e of my a pter 605 irm that t	luties, and let agree to comply with in luties, and I am Jamiliar with and acce . F.S. Or, if this document is being file he limited liability company has been

Signature of Registered Agenty