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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 De: : (561)214-8442 Phone Fax Number

Enter the email address for this business entity to be used for future

Email Address:

LLC REGISTERED AGENT CHANGE AG EHC II (PHM) MULTI STATE 2, 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. N	ame of the limited liability company: AG EHC II (PH)	M) Multi	State 2, LLC				
2. (a)	245 Park Avenue, 26th Floor	((b) 245 Park Avenue, 26th Floor				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of li (Note: MAY BE 1	-		-
	New York, NY 10167	<u> </u>	New York	k, NY 10167			
	08/04/2022		M22000012	2249			
3.	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document numb	oer		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>			2024 (
	PLANTATION F	L_33324		_		2024 OCT 23	CONTRACT OF THE PARTY OF THE PA
(b)	Corporate Creations Network Inc.			_		3 PH	
,	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:		V. F. S. F.	£	
	801 US Highway I				r si	27	
	NEW Registered Office Address:			_			
	North Palm Beach, F	L_33408		_			
change agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin	ed office an ompany, it i nited liabilit	d the business off s hereby confirme by company or as	fice of the r ed that the o	egistere change(ed s)
(strella Tavarez	Est	rella Tavarez	. Attorney-in-Fact			
=	iture of a member or authorized representative of a member			Printed or typed na			
provis the ob- to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to ac performed for in hereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further ay duties, and I am J 5. F.S. Or. if this the limited liabili	gree to com amiliar wit document i ty company	ply wit h and o s being has bo	h the iccept filed en
Signati	Talla Tavarez Estrella Tavarez, Special Secretary ure of Registered Agon)						