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Division of Corporations

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Account Name : COMPUTERSHARE Account Number : 110432003053 : (551)694-8107 Phone : (561)214-8442 Fax Number

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

Email Address:

LLC REGISTERED AGENT CHANGE AG EHC II (PHM) 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.

l. Na	ame of the limited liability company: AG EHC II (PHM	4) MUL	TLS	STATE I.	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 (Note: MAY BI			
	New York, NY 10167	_	-	New York	k, NY 10167			
	08/10/2022		N	12200001	2552			
5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.			Document num	nber		
. ()	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flori	da E	ept, of Sta	nte:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	SS)		- 		2024 OCT 23	•. :-)
	PLANTATION, FL	33324			_		T 23	CARREST TRANS
(b)	Corporate Creations Network Inc.					 	P	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ıddr	ess:	_		կ։ 28	U
	801 US Highway 1						ω	
	NEW Registered Office Address:				-			
	North Palm Beach , FL	33408			_			
hange gent v vas/we	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 lighter authorized by an affirmative vote of the members coles of organization or the operating agreement of the	registe ability of of the li	red com mit	office ar pany, it i ed liabili	nd the business of is hereby confirm ty company or a	office of the med that the	registe chang	ered e(s)
	atrella Tavarez ture of a member or authorized representative of a member	Es	trell	a Tavarez	z, Attorney-in-Fac			
l herei provisi he obl o merc	ture of a memoer of aumorized representative of a memoer by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, 1 is	perfori	nan	ce of my	'duties, ànd I an	agree to co a familiar w	mply w	l accept

Strella Tavarez Estrella Tavarez, Special Secretary