

m 22000015393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

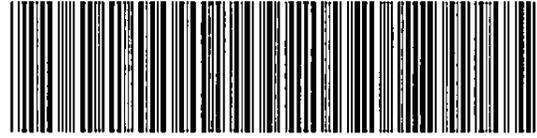
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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

2024 APR -2 PM 4:07

RECEIVED

2024 APR -2 AM 11:41

FILED



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 04/02/2024

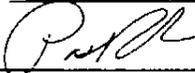
Name: Patrice Rush

Reference #: 2323929

Entity Name: GOLDEN BELL SENIOR LIVING, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25.00

Signature: 

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. Name of the limited liability company: GOLDEN BELL SENIOR LIVING, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
NO CHANGE

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
NO CHANGE

3. 10/5/2022 Date of filing/registration in Florida

4. M22000015393 Document number

5. (a) F & L CORP.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
ONE INDEPENDENT DRIVE STE 1300
JACKSONVILLE, FL 32202

(b) Cogency Global Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4
NEW Registered Office Address:
Tallahassee, FL 32301

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 TALLAHASSEE, FL
 STATE OF FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Thomas Rabold JR
 Signature of a member or authorized representative of a member

Thomas Rabold JR
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville
 Signature of Registered Agent