8/3/22, 2:09 PM

Division of Corporations



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	from:	Account Name	: (850)617-6380 : C T CORPORATION SYSTEM	SEORET TALLA	2022 AUG
3: 23	ت. ن	Phone Fax Number	: (954)208-0845 : (614)573-3996	HASSE	-3 PM
-3 PM	• 1.		ss for this business entity to be used f lings. Enter only one email address pleas	or futuce;	3:27
2023 AUG	Ema.	il Address:			

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SENIORBRIDGE FAMILY COMPANIES (FL), INC.

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AUG - 4 2022

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

From: Kaity Toon

statement of ch	ange is submitted for a corporat	1, 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State of or registered agent, or both, in the State of	<u>Florida</u>	this	_
1. The name of	the composition SENIORBRIDG	GE FAMILY COMPANIES (FL), INC.			
2. The principa	l office address: 500 West Main S	Street, Louisville, KY 40202			_
3. The mailing	address (if different):				<u> </u>
4. Dateofincorp	poration/qualification: 03/28/20	Document number: P01000	031690		
	d street address of the current re	gistered agent and registered office on file verresigned)	with the		
	CORPORATION SERVICE CO	OMPANY			
	1201 HAYS STREET		- IAC	2022	
	TALLAHASSEE, FL 32301-25	25	V 11	2022 AUG -	-
6. The name and street address of the new registers (ifchanged):		tered agent (if changed) and /or registered o	HACON SER	-3 PM	
	C T Corporation System			မှ 2	*************************************
	1200 South Pine Island Road		, <u>L.</u>	4	
	_				
	Plantation, Florida 33324		<u> </u>		
The street addr	ress of its registered office and t I be identical.	the street address of the business office of	its registe	ered age	ent,
Such change wanthorized by t	as authorized by resolution duline board, or the corporation ha	y adopted by its board of directors or by a speen notified in writing of the change.	n officer :	5O	
Se t	time	Joe Davis, Vice President			
.,	ire of an officer or director	Printed or typed name and	title		_
I further agrée of my duties, a document is be	to comply with the provisions of the following and accepting filed merely to reflect a chassis been notified in writing of this	agent and agree to act in this capacity, of all statutes relative to the proper and copt the obligation of my position as registeringe in the registered office address, I here s change.	mplete pe ed agent, eby confir	erforma Or if m that	mce this the
All I	1 O	08/01/2022			
-MM-C	grinure of Registered Agent	Date			_
	ehalf of an entity: fred Younan tant Socretary				
W2212	tant_Secretary				

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

Ву: