Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:

REGISTERED AGENT CHANGE AOH-GREENVIEW MANOR GP, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	AOH-GREENVIEW MANOR GP, INC.
Name of Coi	poration
DOCUMEN	T NUMBER: P06000101251
The enclosed	Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:

Joshua Murphy Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Murphy	at (888	705-7274
Name of Contact Person	····	Area Code &	Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi or to change its registered office or registe	ized under the la	ws of the State of	Florida	_
1. The name of	the corporation: AOH-GREENVIEW office address: 7334 BLANCO ROAL	MANOR G	P, INC.		_
-	address (if different):				_
4. Date of incorp	poration/qualification: 8/2/2006	Document	number: P0600	00101251	_
	d street address of the current registered ag rtment of State: (If resigned, enter resigned		ed office on file w	ith the	
	BLUMBERGEXCELSIOR CORP	ORATE SER	RVICES, INC.	20	
	155 OFFICE PLAZA DRIVE,	1ST I	FLOOR	22 JU	• •
	TALLAHASSEE	FL	32301	2022 JUN 30	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.					ا ، ،
	155 Office Plaza Dr.	Suite A			
	Tallahassee FL	NOT acceptable 3230	1	_	
The street address changed will	ess of its registered office and the street a be identical.	address of the bu	usiness office of it	ts registered ager	ıt,
Such change wa authorized by th	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of ified in writing	directors or by an of the change.	officer so	
/s/ David	Starr re of an officer of director	David Starr	ited or typed name and t	Authorized Pe	∍rson -
l further agree of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all statu d l am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in ites relative to the gation of my pos registered offic	this capacity, he proper and con sition as registere ce address, I herei	nplete performan d agent. Or, if the by confirm that th	ice his he
Modean	zindt	06/30/202	2		
Sig	mature of Registered Agent		Date		-
If signing on be	half of an entity:				
	Assistant Secretary				
17	yped or Printed Name	r. ቀንድ በላ ቀ 4 ±			
	* * * FILING FE	E: 333.00 " " "			

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