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Office Use Only



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SECRETARY OF STATE



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

| Pursuant to the statement of cha | provisions of sections 607.050 ange is submitted for a corpora | 2, 617.0502, 607.1508, o tion organized under the | r 617.1508, Flor laws of the State | rida Statījuệs) ihi r of _ Florida= | |
|-------------------------------------|--|---|--|---|----------------------------------|
| | er to change its registered office RUSSIAN VII the corporation: | e or registered agent, or LLAGE KINS COMMUNIT | <i>both, in the State</i> Y FLORIDA, INC |). | |
| | office address: 21301 S. Tamia | mi Trl, STE 320, Estero, F | lorida, 33928 | SECRETARY TALLAMA: | Vr SI AII SSEE, FL |
| 3. The mailing a | address (if different): | | | | |
| | poration/qualification: 5/13/200 | | | | |
| 5. The name an Florida Depa | d street address of the current re rtment of State: (If resigned, en | egistered agent and regist iter resigned) | ered office on fi | le with the | |
| | Bruce Perlowin | | | | |
| | 8995 S. Indian River Drive | | | | |
| | Ft. Pierce, FL 34982 | | | | |
| 6. The name and (if changed): | d street address of the new regis | stered agent (if changed) | and /or registere | d office | |
| | Donald Steinberg | | | | |
| | 21301 S. Tamiami Trail, STE 3 | 20 | | | |
| | | P.O. Box NOT acceptable | | | |
| | Estero, FI 33928 | | | | |
| The street address changed will | ess of its registered office and be identical. | the street address of the | business office | of its registered | agent, |
| | as authorized by resolution du he board, or the corporation ha | ly adopted by its board on signification been notified in writing | of directors or by ig of the change | y an officer so | |
| Am | Il Stily | | berg, President | | |
| - | re of an officer or director | | rinled or typed name: | | |
| of my duties, an document is bei | the appointment as registered to comply with the provisions of I am familiar with and acceing filed merely to reflect a chief been notified in writing of this | of all slatules relative to pt the obligation of my p ange in the registered of | in this capacity, the proper and osition as regis fice address, I h | complete perfo tered agent. Of tereby confirm t | rmance r, if this hát the |
| Dona | Attering . | 10/01/2021 | | | |
| | nature of Registered Agent half of an entity: | | Date | | |
| ir signing on oc | nan or an entity. | | | | |
| T | yped or Printed Name | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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