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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

*Enter the email address for this business entity to be used for future

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REGISTERED AGENT CHANGE CIX AHS U.S. MULTIFAMILY CORP.

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A. BUTLER

JUL 19 2022

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

statement of cha	nge is submitted	for a corporation organi		State of FL	is
in orde	r to change its re	egistered office or registe	_	State of Florida.	
1. The name of the corporation: CIX AHS U.S. MUL		TIFAMILY CORP.			
2. The principal office address: 12895 SW 132 STREET,			REET, MIAMI, FL 33	3186	
, .					
3. The mailing a	ddress (if differe	ent):			
4. Date of incorp	oration/qualific	ation: <u>02/08/2021</u>	Document number:	P21000010239	}
		of the current registered ag If resigned, enter resigned	•	on file with the	
	AHS RESI	DENTIAL, LLC			
	12895 SW	132 STREET			
	MIAMI, FL	_ 33186		 സ	202
6. The name and (if changed):	l street address o	f the new registered agen	t (if changed) and /or reg	istered office. AN	2022 JUL 18
	Corporate C	reations Network Inc	·	 8 8 8 A	-ro
	801 US High	nway 1		SE'S	PM 12: 3
	North Palm I	P.O.Box Beach, FL 33408	NOT acceptable	TATE	: 37
The street addre	ess of its register be identical.	red office and the street a	ddress of the business o	ffice of its registered	d agent,
Such change wa authorized by th	is authorized by ne board, or the	resolution duly adopted corporation has been not	by its board of directors ified in writing of the ch	or by an officer so lange.	
s/ Caitlin Lazarus		Caitlin Lazarus, Attomey-in-Fact			
l hereby accept I further agree I of my duties, an document is bei	lo comply with t d I am familiar ng filed merely	t as registered agent and he provisions of all statu with and accept the oblis to reflect a change in the n writing of this change.	Printed or typed agree to act in this cap tes relative to the proper cation of my position as registered office addres	acity.	ormance r, if this that the
/s/ Caitlin Laz	arus		7/15/22		
Sign	nature of Registered	Leant	Dat	le	
lf signing on be	half of an entity	:			
Caitlin Lazaru	s, Special Se	ecretary			
T	ped or Printed Name				
		* * * FILING FEI	E: \$35.00 * * *		

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