that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLENBOGEN, MOSS

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 400 RELLA BLVD STE 200

MONTEBELLO, NY 10901 US

DOCUMENT# M22000007444

400 RELLA BLVD STE 200 MONTEBELLO, NY 10901

Current Principal Place of Business:

FEI Number: 88-2035928

Name and Address of Current Registered Agent:

ELLENBOGEN, MOSS 100 SE 2ND STREET STE 200 MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MOSS ELLENBOGEN

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MBR
Name	FL SNF TRUST 1
Address	951 NE 176TH ST
City-State-Zip:	MIAMI FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MEMBER

Certificate of Status Desired: Yes

FILED Oct 10, 2023 Secretary of State 2876445575CR

2023 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: FL SKILLED NURSING MASTER SUBTENANT II LLC

10/10/2023

10/10/2023 Date

Date