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•	To:				
		Division of Corporations			
		Fax Number	: (850)617-6380		
`~	From:			202	_ ≦:
1 7.37		Account Name	: C T CORPORATION SYSTEM	_	- 15
		Account Number	: FCA000000023	29	<u> </u>
		Phone	: (614)280-3338	C	<u> </u>
3		Fax Number	: (954)208-0845	27	
	##Enton	the email address	es for this business antity to be used for future	£	؟ بر <u>ند</u>
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**			AM IO:	20 Y
	Ema	ail Address:		17	*

## REGISTERED AGENT CHANGE FAIRFIELD MANOR SERVICE CORPORATION

Certificate of Status	0
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Page Count	02
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	•	9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida				
in orde	r to change its registered office or reg	gistered agent, or both, in the State of Florida.				
1. The name of t	the corporation: FAIRFIELD MANOR	SERVICE CORPORATION				
		BOULEVARD SMYRNA, GA 30080				
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 11/29/2011	Document number: P11000101996				
	I street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)				
	Leon, David F.					
	390 North Orange Avenue Suite 1400					
	Orlando, FL 32801					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	CT Corporation System		<b>2021</b> DEC 27			
	1200 South Pine Island Road					
	P.O. Plantation, Florida 33324	Box NOT acceptable	AM 10: 1			
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its registered ago	ent,			
Such change wa	as authorized by resolution duly adop rd, or the corporation has been	notified in writing of the change.				
Rence Sand		Rence Sandell Vice Pres	ident			
DERE428609DE (61)	A. A. a. officer or director	Printed or typed name and title				
I further agree to fine duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s id I am familiar with and accept the e ng filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and complete performs obligation of my position as registered agent. Or, if i the registered office address, I hereby confirm that ge.	ance this the			
C T Corporation	System Druse Bell	12/16/2021				
Sig	nature of Registered Agent	Date	<del></del>			
If signing on be	half of an entity:					
Denise Bell, Ass	t Secy					
T	ped or Printed Name					
	* * * FILING	FEE: \$35.00 * * *				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr25045 (04/13)

SECRETARY OF STATE