F97000004438

(R	equestor's Name)				
(A	ddress)				
(A	ddress)	·			
(C	ity/State/Zip/Phone	∍ #)			
PICK-UP	☐ WAIT	MAIL			
(В	usiness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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Office Use Only



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RA ROCHE

OCT 10 2016 I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: September 30, 2016

Order#: 296682-366

Re: BROOKDALE LIVING COMMUNITIES OF FLORIDA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0302, 617.0302 inge is submitted for a corporation organi r to change its registered office or registe	zed under the la red agent, or bo	tws of the State of the thin, in the State of I	DELAWARE Florida	
1. The name of t	he corporation: BROOKDALE LIVING CO	OMMUNITIES C	F FLORIDA, INC.		
	office address:				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 08/22/1997	Document	number: F970000	004438	
	I street address of the current registered ag tment of State: (If resigned, enter resigned		ed office on file w	ith the	
	CT CORPORATION SYSTEM				
	1200 SO PINE ISLAND RD			2016 OCT	-
	PLANTATION	FL	33324		1
6. The name and (if changed):	I street address of the new registered agen Corporation Service Company	t (if changed) an	nd /or registered of	fice PH 3: 5	
	1201 Hays Street			S 0	
	P.O. Box NOT	acceptable			
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the street a be identical.	ddress of the bu	usiness office of it	s registered agei	n t,
Such change was authorized by the	as authorized by resolution duly adopted be board, or the corporation has been not			officer so	
X	xiel E. Ciencie	Jill Cilmi, Vice I	President		
Signatu	re of an officer or director	Print	ed or typed name and titl	e	,
I further agree I performance of agent. Or, if thi hereby confirm	The appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and active distance to reflect the corporation has been notified in Servica Company	tes relative to th	he proper and com tion of my position	i as registered	
By: \sum_{i}	vice Cokubi	09/30/2016			
	nature of Registered Agent	<u> </u>	Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Assistant Vice President				
Ty	yped or Printed Name				

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