

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

ARC BAHIA OAKS, INC.

Certificate of Status	0
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Page Count	<b>4</b> 2
Estimated Charge	\$35,00

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C. Coullette DEC 2 2 2006

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

statement of change is sui	bmissed for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this rporation organized under the laws of the State of Temessee of Temessee of Temessee.	
1. The name of the corpor	ation: ARC Bahi	ia Osku, Inc.	
2. The principal office add	frees: 111 WEST	TWOOD PL #200, BRENTWOOD, TN 37027	
3. The mailing address (if	different):		<u> </u>
4. Date of incorporation/q	ualification: 3/3/	V1998 Document number: P98000001238	
5. The name and street add Florida Department of S	dress of the curre	ent registered agent and registered office on file with the	
Corporati	on Service Comp	party	
1201 Hay	s Street		
Tallahase	na FL, 32301		
6. The name and street add (if changed):	kess of the new	registered agent (if changed) and /or registered office	
		CT Corporation System	
		ation System, 1200 South Pine Island Road	
•		on NOT acceptable) Plantation, Florida 33324	
		FROMEOU, FARING 35324	•
The street address of its reas changed will be identic	egistered office	and the street address of the business office of its registered agent,	
Such change was authorized by the board, o	ed by resolution or the corporation	n duly adopted by its board of directors or by an officer so on has been notified in writing of the change.	
Ment	or derocacy)	Megan Gillian/Secretary (17) Megan Gillian/Secretary	
I hereby accept the appoint I further agree to comply of my duties, and I am fan document is being filed m corporation has been not	ntment as regist with the provisi with and a crety to reflect a fled in writing a suitan System	tered agent and agree to act in this capacity, long of all statutes relative to the proper and complete performance accept the obligation of my position as registered agent. Or, if this a change in the registered office address, I hereby confirm that the of this change.	21
By: Aval ()	***	December 20, 2006	₹ >
If signing on behalf of an	entity: c	Sarah B. Ayala	
	ř	Arelatant Sectetary Ω Ω Λ	, ב <u>ר</u>
(Typed or Print)	d Name)	* FILING FEE: \$35.00 ***	: 0
	***	* FILING FEE: \$35.00 * * * *	
MAIL TO: DI CR2E045 (8/05)	KE CHECKS PAY VISION OF CORP	YABLE TO FLORIDA DEPARTMENT OF STATE PORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	
FL806 - 05/14/2005 C T System Chiles			

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