

M03000001183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

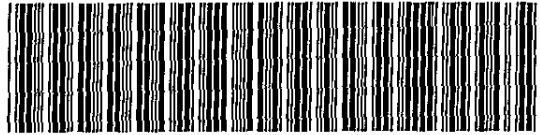
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JMS

AmeriCare
Living Centers & Communities

PO Box 502833 ~ Indpls, IN 46250 ~ 317-558-3000 ~ Fax: 317-558-3003

July 10, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Request for Certificate of Status
Registered Agent Change
AmeriCare Communities Florida, LLC
#M03000001183

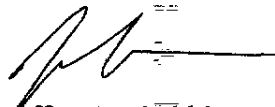
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear State Department:

Enclosed please find a check in the amount of five dollars (\$5) for a Certificate of Status for AmeriCare Communities Florida, LLC. Please send the Certificate of Status as soon as possible. I have also enclosed a Registered Agent Change Form as well.

Could you please return the Certificate of Status to me at 7168 East 86th Street, Indianapolis, Indiana 46250. Thanks for your assistance and if you need to speak with me, please call.

Sincerely,



Jeffrey D. Robbins
General Counsel

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Americare Communities Florida, LLC
2. The mailing address of the limited liability company is : 4700 East Jackson Street
Muncie, Indiana 47303
3. Date of filing/registration in Florida April 14, 2003
4. Document number M03000001183
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

6. The name and address of the new registered agent and/or office:

Americare
Name
5005 Sun "N" Lake Blvd
Florida street address (P.O. Box NOT acceptable)
Sebring FL 33872
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Jeff D. Robbins
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314