## M0400000 3682

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

jil.

Office Use Only



100290790001

10/05/16--01016--014 \*\*25.00

205 0CT -5 P 3 12

D. BRUCE OCT 08 2016



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: October 3, 2016

Order#: 296684-070

Re: BROOKDALE PROVIDENT MANAGEMENT, LLC

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: BROOKDALE P	ROVIDENT	MANAGEMENT, LLC
2	(a)	111 WESTWOOD PLACE SUITE 400	(b)	
۵.	( <b>u</b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		BRENTWOOD TN 37027		
		09/08/2004	М	0400003682
3.		Date of filing/registration in Florida	4.	Document number
-	(6)	C T CORPORATION SYSTEM		
5.	(a)	Registered Agent and Registered Office shown on the records of t	the Florida Der	ot, of State:
		1200 SOUTH PINE ISLAND ROAD	•	
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
		negistered Circle Mailess paragraphic paragraphic control of the Circle		
	(b)	PLANTATION , FL.  Corporation Service Company	33324	ALLARASSEI -5
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1201 Hays Street	Office address	
		NEW Registered Office Address:	<u></u>	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
		Tallahassee	32301	
		, FL	32301	
the ag	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered bility comparts of the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	Signal	ure of a rhember or authorized representative of a member		Printed or typed name of signee
pr the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have iting of this change.  The of Registered Agent Corporation Service Company	performance d for in Chap hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been e E. Kirby, Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00