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(Requestor's Name) (Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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#: 296677-102

Re: AHC STERLING HOUSE OF PORT CHARLOTTE, 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

STERE TARY OF STATES AND A SEE, FLORIDA 16 OCT -4 PM 2: 45

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:	AHC STERLING	STERLING HOUSE OF PORT CHARLOTTE, LLC			
2.	(a)	111 WESTWOOD PLACE SUITE 40 Principal office address of limited lia (Note: MUST BE STREET A	ability company:	_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		BRENTWOOD	TN37027	- -			
		11/29/2006			M0600000		
3.		Date of filing/registration in	i Florida	4.		Document number	
5.	(a)	C T CORPORATION SYSTEM					
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State					
		1200 SOUTH PINE ISLAND ROAD				0 5	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				16.0CT-4	
		PLANTATION	, FL_	33324		PH 2:	
	(b)	Corporation Service Company				5	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				•	
		1201 Hays Street					
		NEW Registered Office Address:					
		Tallahassee	, FL_	32301			
the age	cha ent w s/we	nge or changes are made, the Florida vill be identical. Or, in the case of a lear authorized by an affirmative vote cles of organization or the operating	street address of t Florida limited lial of the members of	the regist bility con the limi imited li	ered office mpany, it is ted liability ability com		
_	Sionat	ure of a member of authorized representative	of a member	Jill C	ilmi, Author	rized Person Printed or typed name of signee	
I i pro the to no	nerel ovisi obli mere tifted	by accept the appointment as register	red agent and agre per and complete p agent as provided office address, I ha	performa for in C ereby co	nce of my o hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been by, Assistant Vice President	

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