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AUG 1 9 2014 C. CARROTHERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: August 7, 2014

Order#: 241181-058

Re: METSUN TWO JACKSONVILLE FL SENIOR LIVING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Janis M. Smith

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

4 1 1

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. N	ame of the limited liability co	mpany: MEISUN IW	O JACKSONVI	LLE FL SENIOR LIVING, LLC
2. (a)	4500 DORR STREET	limited liability company:	(b)	Mailing address of limited liability company:
	_	TREET ADDRESS		(Note: MAY BE POST OFFICE BOX)
	TOLEDO	Oł 43615		
	11/30/2007		M0	7000006994
3,	Date of filing/regist	tration in Florida	4.	Document number
5. (a	CT CORPORATION SY	STEM		
(,	Registered Agent and Registered (of the Florida Dept.	of State:
	1200 SOUTH PINE ISLAN	ID ROAD		
	Registered Office Address (M	UST BE FLORIDA STREET	(ADDRESS)	
	PLANTATION	, F	L_ 33324	3
(Ъ)	Corporation Service Comp	anv		
(0)	Enter name of NEW Registered A		d Office address:	
	1201 Hays Street			Sign E
	NEW Registered Office Address:			
		<u> </u>	···	
	Tallahassee	, F	L_32301	
the ch agent was/w	ange or changes are made, the will be identical. Or, in the ca	e Florida street address of a Florida limited live vote of the members	of the registered liability compar of the limited l	of Florida, it is hereby confirmed that after office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
	12	<u></u>	_Dona Pri	ebe, Authorized Person
Sign	ative of a memmer or authorized repr	esentative of a member		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as ions of all statutes relative to ligations of my position as rejely reflect a change in the rejed in writing of this change.	the proper and complete gistered agent as provid gistered office address, l	gree to act in the e performance ed for in Chapt Thereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
Signati	ure of Registered Agent Corporat	ion Service Company	BY: Grace	E. Kirby, Assistant Vice President

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