Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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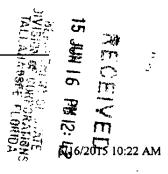
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LLC REGISTERED AGENT CHANGE CHR BARTOW LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

JUN 17 2015



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. N	ame of the limited liability company: CHR BARTOW I	.LC		,			
2. (a)	200 International Circle #3500, Hunt Valley, MD 21030		رام) 200) Intern	ational Circle #3500,	Hunt Valley,	MD 21030
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limi (<u>Note: MAY BE PO</u>	ted liability com	pany:
3.	11/7/2008 Date of filing/registration in Florida	 - 4.	M086	000004	934 Document number	г	
5. (a)					_		
	Registered Agent and Registered Office shown on the records of	e:					
	1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET A	-		2015 JUN			
	TALLAHASSEE , FL	32301	-2525		-	100 cd	6
(b)	C T Corporation System					<u> </u>	37
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office:	sddress;		-		9: 47
	NEW Registered Office Address:				-		
	1200 South Pine Island Road		······································		•		
	Plantation , FL	33324			_		
sign I here provisithe obto meinotifie By:	dimited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia rece authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attraction of a member of a member and accept the appointment as registered agent and agricums of all statutes relative to the proper and complete ligations of my position as registered agent as provided receiver reflect a change in the registered office address, I have of Registered Agent and agent and agent and agent and agent and agent and accept the address of the proper and complete ligations of this change. The property of the property	the reability f the I limited	gistered comparimited disability in the confirmance in the confirmance confirm	d office ny, it is liability ity con Curz curs curs cap of my ter 603 m that	e and the business of shereby confirmed by company or as of a printed or typed name acity. I further against the limited liability	office of the r I that the char herwise prov	registered age(s) aided in

INHS18 (2/14)