MILOOU000807

 -
L

Office Use Only



000250673640

08/16/13--01024--017 **25.00



AUG 1 9 2013 D. SRUCE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: August 14, 2013

Order#: 752283-168

Re: SUNRISE GAHANNA ASSISTED LIVING, L.L.C.

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: Vera M. Norris

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.

OUCA.XCOA

2013 AUG 16 PM 3: 14
SECRETARY OF STATE
ARELIANASSEES FRORION

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

r 🥕 en		
Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in ordered agent, or both, in the State of Florida.	508, Florida Statutes, the und er to change its registered off	lersigned limited fice or registered
1. Name of the limited liability company: SUNRISE GAHANNA	ASSISTED LIVING, L.L.C.	
2. (a) Principal office address of limited liability company		
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32801	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
02/16/2011	M11000000807	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	teof State:
Registered Agent:	Amy J Patterson	EST DO
Registered Office Address:	450 S Orange Ave	TANK ON THE
	Orlando, FL 32801	mg 1 €
		TOST W
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address	
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee	,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the reg tical. Or, in the case of a Flori) was/were authorized by an at	istered office da limited ffirmative vote of
Dona Priebe, Authorized Representative Printed or typed name of signee	_	
I haraby accent the appointment as registered agent and	agree to act in this canacity. I	further agree to

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 of Registered Agent Corporation Service Company

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

Grace Kirby, Asst VP

FILING FEE: \$25.00