

MI2000003794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAR -4 PM 8:24
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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

MAR 05 2014

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 034738 7775081

AUTHORIZATION :

COST LIMIT : \$ 25.00

Signature

ORDER DATE : March 3, 2014

ORDER TIME : 11:02 AM

ORDER NO. : 034738-130

CUSTOMER NO: 7775081

FOREIGN FILINGS

NAME: CHTSUN TWO GILBERT AZ
SENIOR LIVING, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT#

EXAMINER: _____

CLERK OF STATE
TALLAHASSEE FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CHTSUN TWO GILBERT AZ SENIOR LIVING, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: 07-05-12

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: HCRI SUN TWO GILBERT AZ SENIOR LIVING, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: _____
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Erin C. Ibele

Signature of the authorized representative

Erin C. Ibele,
Senior Vice President - Administration & Corporate Secretary

Typed or printed name of signee

Filing Fee: \$25.00

OFFICE OF THE
CLERK OF THE
SUPREME COURT
JULIA A. HARRIS, CLERK
TALLAHASSEE, FLORIDA

2014 MAR -4 PM 1:07

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CHTSUN TWO GILBERT AZ SENIOR LIVING, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HCRI SUN TWO GILBERT AZ SENIOR LIVING, LLC", THE FIRST DAY OF JULY, A.D. 2013, AT 5:52 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILED

2014 MAR -4 PM 1:07

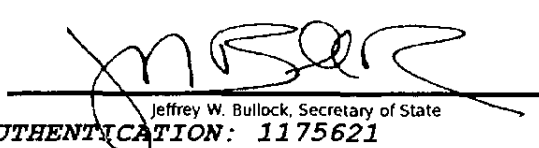
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1175621

DATE: 03-04-14