M11000000808

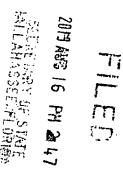
(Requesto	or's Name)	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	s Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	AUG 1 9 2013 A. LUNT	

Office Use Only



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08/16/13--01024--005 **25.00





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#: 752283-147

Re: SENIOR LIVING MEZZ D, 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: 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



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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: SENIOR LIVING	MEZZ D, LLC	_
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 450 S Orange Ave Orlando, FL 32801	<u>-</u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		_ _ _
02/16/2011	M11000000808	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	700	77
Registered Agent:	Amy J Patterson	
Registered Office Address:	450 S Orange Ave Orlando, FL 32801	二 二 二
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:	
NEW Registered Agent:	Corporation Service Company	_
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	_
(MCSI BL I BONIDA BINLLII ADDRESS)	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 ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited	of
Dona Priebe, Authorized Representative		
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of any familiar with and accept the obligations of my possible to the province of the confirmation of the company of	agree to act in this capacity. I further agree to oper and complete performance of my duties, ssition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.	
Division of Corporations, P.O. Box 63 Grace Kirby, Asst VP FILLING FEE. 9	,	

FILING FEE: \$25.00

INHS18 (05/08)