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| . (Re | questor's Name) | | | | | | | | |
|-----------------------------------------|-----------------|-----------|--|--|--|--|--|--|--|
| (Address) | | | | | | | | | |
| (Address) | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | | | |
| (Document Number) | | | | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | |
| | | | | | | | | | |
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Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscqlobal.com

Date: September 30, 2016

Order#: 296682-017

Re: BLC ATRIUM-JACKSONVILLE SNF, 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: Mary Rivers

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

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. | Na | me of the limited liability company: BLC ATRIUM-JA | ACKSON | NVILLE SN | F, LLC | | | |
|--------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|---------------------------------------|---------------------------------------|
| 2. | (a) | 111 WESTWOOD PLACE SUITE 400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (b | (b) Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO. | | | | |
| | | BRENTWOOD, TN 37027 | - | | | | | |
| | | 01/26/2006 | | M060000 | | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document nur | nber | | |
| 5. | (a) | C T CORPORATION SYSTEM | | | | | | |
| | (-) | Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of Stat | - e: | | | |
| | | 1200 SOUTH PINE ISLAND ROAD | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | 2 | _ | | | |
| | | | | | | | | |
| | | | · | | - | | | |
| | | PLANTATION , FL | 33324 | ļ . | _ | | | |
| | (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (| Office ad | dress: | - | TALLAND | 2016 OCT | war and |
| | | 1201 Hays Street | | | | SS | 1 | 2 |
| | | NEW Registered Office Address: | | | - | EE FLORI | ц P 2: | J |
| | | | | | | | 28 | |
| | | Tallahassee , FL | 32301 | | _ | | | |
| the ag wa | e cha ent v is/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of desof organization or the operating agreement of the | the regis bility co f the lim limited l | stered officompany, it in it is it i | e and the busing s hereby confir y company or a npany. | ess offic med that | e of th t the cl | e registered nange(s) |
| | Sienal | urgot member of authorized representative of a member | JIII (| Jimi, Autho | Printed or typed | name of s | ignee | |
| I protection to no | her (l ovisi e obl mere tified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address, I have a change in the change. The of Registered Agent Corporation Service Company | perform I for in (iereby co | ance of my Chapter 603 onfirm that | acity. I further | agree to n familio is docun ility con | o comp ar with nent is npany | and accept being filed has been |