

12/18/2018

M13000001796

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2018 DEC 20 PM 12:43
SOUTH FLORIDA
TALLAHASSEE, FL

2018 DEC 1 AM 11:23

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLERMONT SLP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

PLEASE HONOR ORIGINAL DATE OF 12/18/18

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Corporate Filing Menu

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DEC 21

S. PRATHEP

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Clermont SLP LLC

Enter new principal office address, if applicable: 1000 Legion Place

(Principal office address

MUST BE A STREET ADDRESS)

Suite 1600

Orlando, Florida 32801

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1000 Legion Place

Suite 1600

Orlando, Florida 32801

2. The Florida document number of this limited liability company is: M13000001796

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 03/20/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Clermont FL Senior Property 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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

City

Florida

33324

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

Donna Peterson-Riggs Donna Peterson-Riggs, Assistant Secretary
If Changing Registered Agent, Signature of New Registered Agent

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

Delaware

8. If the amendment changes person, title or capacity in accordance with 603.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Clermont FL Senior Holdings LLC</u>	<u>1000 Legion Place, Suite 1800, Orlando, FL 32801</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGRM</u>	<u>PSLG Management, LLC</u>	<u>11175 Cicero Drive, Suite 500, Alpharetta, GA 30022</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a 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.

Kyle P. Diekmann
Signature of the authorized representative

Kyle P. Diekmann

Typed or printed name of signee

Filing Fee: \$25.00

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FILED
CLERK OF COURT
FLORIDA
COUNTY OF ORANGE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A GEORGIA LIMITED LIABILITY COMPANY UNDER THE NAME OF "CLERMONT SLP LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "CLERMONT SLP LLC" TO "CLERMONT FL SENIOR PROPERTY LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2018, AT 9:46 O'CLOCK A.M.



7199183 8100F
SR# 20188208210

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204128627
Date: 12-18-18