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| (Ře | equestor's Name) | | | |
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| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS

SEP 2 5 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---|--|--|--|
| | ns of Deerfield Beach, LP | | | |
| Name of Limited Partners | ship or Limited Liability Limited Partnership | | | |
| DOCUMENT NUMBER: | A06000000079 | | | |
| The enclosed Statement of Change of Refee(s) are submitted for filing. | gistered Office and/or Registered Agent and | | | |
| Please return all correspondence concern | ing this matter to: | | | |
| Nadine M. Jarmon, Ph | .D. | | | |
| Contact Person | | | | |
| The Palms of Deerfield Bea | ach, LP | | | |
| Firm/Company | | | | |
| 533 S. Dixie Highway, Sui | te 201 | | | |
| Address | | | | |
| Deerfield Beach, FL 33 | 441 | | | |
| City, State and Zip Code | ···· | | | |
| njarmon@dbhaonlii | ne.ora | | | |
| E-mail address: (to be used for future annua | | | | |
| For further information concerning this n | natter, please call: | | | |
| Nadine M. Jarmon | at (954). 425-8449 | | | |
| Name of Contact Person | Area Code and Daytime Telephone Number | | | |
| Enclosed is a \$35.00 check made payable | e to the Florida Department of State. | | | |
| STREET ADDRESS: | MAILING ADDRESS: | | | |
| Registration Section | Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |
| Clifton Building | P. O. Box 6327 | | | |
| 2661 Executive Center Circle | Tallahassee, FL 32314 | | | |
| Tallahassee, FL 32301 | | | | |

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1 | The Palms of Deerfield Beach, LP | | | | | | |
|------------------|--|-------------------|-----------------|-----------------------|------------|--|--|
| | Name of Limited Partnership or Lim | nited Liability L | imited Partners | hip | | | |
| 2. | 09/17/2012 | 3. | A06000 | 000079 | | | |
| | Date of filing/registration in Florida | | Florida docum | nent number | | | |
| | he name of the registered agent and the registered artment of State: | office address a | s shown on the | records of the Floric | la | | |
| | Ruchelle | Hobbs | | • | | | |
| | Nan | | | | | | |
| | 533 S. Dixie High | nway, Suite | 201 | | | | |
| | Addr | ess | | | 5 | | |
| | Deerfield Bead | ch, FL 3344 | 1 | | C | | |
| | City, State | and Zip | | | FALS OF CA | | |
| 5. T | he name and Florida street address of the new regi | stered agent an | d/or office: | | ŧ | | |
| | Nadine M. Ja | rmon, Ph.D. | | | TH U | | |
| | Nan | ne | | | Ļ | | |
| | 533 S. Dixie High | way, Suite | 201 | | <u>-</u> | | |
| | Florida street address (P. | O. Box not acco | eptable) | | | | |
| | Deerfield Beach | * * | 33441 | | | | |
| | City, State | and Zip | | | | | |
| 6. S | uch change(s) is/are effective when filed by the Flo | orida Departme | nt of State. | | | | |
| Sign. | ature of General Partner | | | • | | | |
| Ū | • | I do | . 4.4 | I.f. alban arms to | | | |
| comp | eby accept the appointment as registered agent an oly with the provisions of all statutes relative to the I am familiar with an accept the obligations of my | e proper and co | mplete perform | ance of my duties, | | | |
| <u>/</u> Sign | ature of Registered Agent | | | | | | |
| 0** | | | | | | | |
| 17:12. | mg Foot \$25.00 | | | | | | |

Certified Copy (optional): \$52.50