



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 700762 8374597

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 23, 2022

ORDER TIME : 2:09 PM

ORDER NO. : 700762-064

CUSTOMER NO: 8374597

CHANGE OF AGENT

NAME: MASTER SUMMER BROOK FL SNF  
MANAGEMENT, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**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. MASTER SUMMER BROOK FL SNF MANAGEMENT, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/11/2019 3. A19000000070  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

VCORP SERVICES, LLC  
Name  
1200 S PINE ISLAND ROAD  
Address  
PLANTATION, FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

**FILED**  
MAY 24 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

6. Such change(s) is/are effective when filed by the Florida Department of State.

Jill E. Cilmi JILL CILMI, VICE PRESIDENT ON BEHALF OF  
Signature of General Partner CCC GP, LLC, GENERAL PARTNER

*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.*

Grace E. Kirby GRACE E. KIRBY, ASST. VICE PRESIDENT  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50