

B110000000199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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14 MAR -4 PM 4:24

FILED
2014 MAR -4 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 5 2013
T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 034738 7775081

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE : March 3, 2014

ORDER TIME : 2:21 PM

ORDER NO. : 034738-095

CUSTOMER NO: 7775081

FOREIGN FILINGS

NAME: CLPSUN TWO SIMI VALLEY CA
SENIOR LIVING, LP

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT#

EXAMINER: _____

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

CLPSUN TWO SIMI VALLEY CA SENIOR LIVING, LP

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 10-24-11

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

HCRI SUN TWO SIMI VALLEY CA SENIOR LIVING, LP

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

HCRI SUN TWO POOL ONE GP, LLC

4500 Dorr Street, Toledo, Ohio 43615

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:

Erin C. Ibele

Typed or printed name:

Erin C. Ibele, Senior Vice President - Administration & Corporate Secretary
to HCRI Sun Two Pool One GP, LLC, General Partner

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

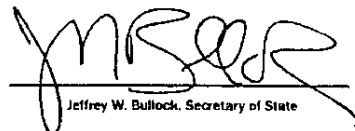
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CLPSUN TWO SIMI VALLEY CA SENIOR LIVING, LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HCRI SUN TWO SIMI VALLEY CA SENIOR LIVING, LP", THE FIRST DAY OF JULY, A.D. 2013, AT 4:27 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED PARTNERSHIP IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



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Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1173229

DATE: 03-03-14
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