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Division of Corporations

B1500000226
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : 407-540-7576
Fax Number : 407-641-8361

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: susana.carcasona@cni.com

REGISTERED AGENT CHANGE
CIIP AUSTIN TX SENIOR LIVING OWNER, LP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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**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. CHP Austin TX Senior Living Owner, LP
Name of Limited Partnership or Limited Liability Limited Partnership
- 2. 8-19-2015
Date of filing/registration in Florida
- 3. B15000000226
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:

Amy J. Patterson
Name

450 S. Orange Ave.
Address

Orlando, FL 32801
City, State and Zip

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

Tracey B. Bracco
Name

450 S. Orange Avenue, 14th Floor
Florida street address (P.O. Box not acceptable)

Orlando FL 32801
City, State and Zip

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

By: CHP Austin TX Owner GP, LLC, as General Partner

[Signature]
Signature of General Partner

By: Tracey B. Bracco, Sr. Vice President of 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 an accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
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