## F000004531

| <b>(</b> F                              | Requestor's Name)       |        |  |  |
|---|-------------------------|--------|--|--|
| (A                                      | Address)                |        |  |  |
| (F                                      | Address)                |        |  |  |
| (0                                      | City/State/Zip/Phone #) |        |  |  |
| PICK-UP                                 | ☐ WAIT                  | MAIL   |  |  |
| (Business Entity Name)                  |                         |        |  |  |
| (Document Number)                       |                         |        |  |  |
| Certified Copies                        | Certificates of S       | Status |  |  |
| Special Instructions to Filing Officer: |                         |        |  |  |
|   |                         |        |  |  |
|   |                         |        |  |  |
|   |                         |        |  |  |
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 25, 2016

Order#: 957055-127

Re: SARC/JACKSONVILLE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is submitte   | d for a corporation orga   | nized under the la  | ,  |  |
|---|--|---|--|--|
| _   |  | J   | oth, in the State of Florida.  |  |
| 1. The name of the corporation:   |  |   | sabrilla TNL 27045   |  |
| 2. The principal office address:  | 40 BURTOR HIIIS BOULEVAR   | d, Suite 500, Nas   | isnville, TN 37215   |  |
| 3. The mailing address (if differ   | rent):   |   |  |  |
| 4. Date of incorporation/qualifi  | ncorporation/qualification: 08/10/2000 Document number: F00000004531   |   | t number: F00000004531   |  |
| 5. The name and street address Florida Department of State:   |  |   | red office on file with the  |  |
| CT Corporation  | on System  |   |  |  |
| 1200 South Pi   | ne Island Road   |   |  |  |
| Plantation  |  | FL  | 33324  |  |
| 6. The name and street address (if changed):  | of the new registered age  | ent (if changed) ar   | nd /or registered office   |  |
| Corporation S   | ervice Company   |   | 77XL 20  |  |
| 1201 Hays Str   | reet   |   |  |  |
| P.O. Box NOT acceptable   |  |   | OD N   |  |
| Tallahassee   |  | FL  | 32301 2  |  |
| The street address of its registe as changed will be identical.   | ered office and the street   | address of the bu   | usiness office of its registered agent,  |  |
| Such change was authorized by authorized by the board, or the   | y resolution duly adopted corporation has been no  | to by its board of otified in writing of  | directors of by an officer so of the change.   |  |
| 026   |  |   | Dona Priebe, Vice President  |  |
| I hereby accept the appointment I further agree to comply with performance of my duties, and agent. Or, if this document is the hereby confirm that the corpor Corporation Service Co | nt as registered agent an<br>the provisions of all stat<br>I am familiar with and a<br>being filed merely to refl<br>ation has been notified i | d agree to act in<br>utes relative to th<br>accept the obligat<br>ect a change in t | he proper and complete<br>ition of my position as registered<br>the registered office address. I |  |
| By: Y Signature of Registered Agent   |  | January 20, 2016  |  |  |
| If signing on behalf of an entity   | y:   |   |  |  |
| Grace E. Kirby, Asst. Vice Pres   | sident   |   |  |  |
| Typed or Printed Name   | e  |   |  |  |
|   | * * * FILING FE  | E: \$35.00 * * *  |  |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314