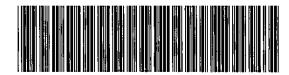
## FOW COUNTY

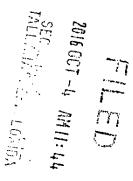
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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10/04/16--01035--014 \*\*35.00



RAROCHS

OCT 10 2016 . I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: September 30, 2016

Order#: 296682-394

Re: BROOKDALE LIVING COMMUNITIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Mary Rivers

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 cha	provisions of sections 607.0502, 61 ange is submitted for a corporation r to change its registered office or	organized under the la	ws of the Stat	e of Delaware	_
1. The name of t	the corporation: BROOKDALE LIV	ING COMMUNITIES, I	NC.		
	office address:				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 02/01/2006	Document	number: F06	000000644	
	I street address of the current regist tment of State: (If resigned, enter r		ed office on fi	ile with the	
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL	33324		
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office				
	Corporation Service Company				
	1201 Hays Street			AH III: 44	[ ]
	P.O. Bo Tallahassee	ox NOT acceptable	32301		
The street address changed will	ess of its registered office and the s be identical.	street address of the bu	usiness office	of its registered age	:nt,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of central ending of the control of the central end of the central en	directors or by of the change.	y an officer so	
X	Jill Cilmi, Vice President				
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with that the corporation has been noting Service Company	ent and agree to act in ll statutes relative to the and accept the obligat o reflect a change in t ified in writing of this c	ne proper and tion of my pos he registered	complete	-
By: J Sign	nature of Registered Agent	09/30/2016	Date		-
If signing on be	half of an entity:				
Grace E. Kirby,	Assistant Vice President				
T	pped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*