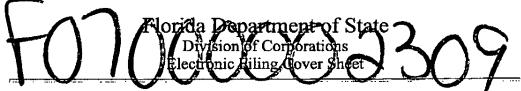
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002496673)))



H110002496673ABC3

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ADVENTIST HEALTH SYSTEM

Account Number : I20050000005 : (407)975-1410 Phone Fax Number : (407)975-1414

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Sarah.Sneath@ahss.org

REGISTERED AGENT CHANGE COURTLAND HEALTH CARE PROPERTIES, INC.

Certificate of Status	0
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Help

TO: Amendment Section

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COVER LETTER

Division of Corporations	
SUBJECT: COURTLAND HEALTH CAR! Name of Cor	E PROPERTIES, INC.
DOCUMENT NUMBER: F0700	00002309
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Sarah Sr Name of Cont	neath
Adventist Hea	Ith System
Firm/Con	
900 Норе	e Way
Addre	SS
Altamonte Springs City/State and	, Florida 32714 Zip Code
Sarah.sneath@	ĝahss.org
E-mail address: (to be used for fut	ure annual report nonfication)
For further information concerning this matter, please cal	Ľ:
Sarah Sneath	at (407) 975-1494 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departm	ent of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State oferror to change its registered office or registered agent, or both, in the State of Florida.
l. The name of	the corporation: COURTLAND HEALTH CARE PROPERTIES, INC.
2. The principal	office address: 3949 SOUTH COBB DRIVE, SMYRNA GA 30080
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 04/30/2007 Document number: F07000002309
	d street address of the current registered agent and registered office on file with the runent of State: (If resigned, enter resigned)
	Jeff Bromme
	111 N. Orlando Avenue
	Winter Park, FL 32789
6. The name and (if changed):	Winter Park, FL 32789 d street address of the new registered agent (if changed) and /or registered office
	Jeff Bromme Signature Sign
	900 Hope Way
	P.O. Box NOT sceeplable
_	Altamonte Springs, FL 32714
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Ariel De Prada, Assistant Secretary Printed or typed harve and title
hereby accept further agree to fmy duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Sig	nature of Registered Agent Date
f signing on be	half of an entity:
	H11000249667 3
A)	Per or a religion regime

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