

F10000003449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

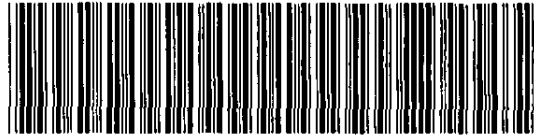
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800242986818

Figure 6

13 FEB -7 14:55

FILED

2013 MAR -7 PM12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LA Bo Co

MAR 07 1960

12-11-68



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 561270 4352697

AUTHORIZATION :

A handwritten signature in dark ink, appearing to read "L. J. Coleman", is written over the authorization field.

COST LIMIT : \$ 35.00

ORDER DATE : March 6, 2013

ORDER TIME : 9:39 AM

ORDER NO. : 561270-005

CUSTOMER NO: 4352697

CHANGE OF AGENT

NAME: SENIORBRIDGE CARE MANAGEMENT,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SeniorBridge Care Management, Inc.
Name of Corporation

DOCUMENT NUMBER: F10000003449

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan O. Lenahan, VP & Corporate Secretary

Name of Contact Person

Humana Inc.

Firm/Company

500 West Main Street, Law Department

Address

Louisville, KY 40202

City/State and Zip Code

jlenahan@humana.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer G. Webb

Name of Contact Person

at (502) 580-3777

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SeniorBridge Care Management, Inc.
2. The principal office address: 845 Third Avenue, 7th Floor, New York, NY 10022
3. The mailing address (if different): 500 West Main Street, c/o Corporate Secretary
Louisville, KY 40202
4. Date of incorporation/qualification: 7/30/2010 Document number: F10000003449
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.

515 E. Park Avenue

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

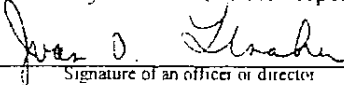
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Joan O. Lenahan, VP & Corp. Secretary
Printed or typed name and title

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 and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

3-6-13
Date

If signing on behalf of an entity:

Sheryl A Gibbs, Asst VP
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
2013 MAR -7 PM 12:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE