F16000003172

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SEP 8 2016

C LEWIS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 19, 2016

Order#: 252930-010

Re: CLAY HEALTHCARE PROPERTIES, 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: Janis M. Smith 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 ch	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes ganized under the laws of the State of <mark>GA</mark> gistered agent, or both, in the State of Florida.		
1. The name of	the corporation: CLAY HEALTHCARE	PROPERTIES, INC.		
	office address:RGENS COURT_NORCROSS, GA 30	0093		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 07/14/2016	Document number: F16000003172		
	d street address of the current registere rtment of State: (If resigned, enter resigned)	ed agent and registered office on file with the gned)		
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL 33324	THE AUG 23	
6. The name and (if changed):	d street address of the new registered a	ngent (if changed) and /or registered office	of Commis	
	Corporation Service Company		&	
	1201 Hays Street		မွ်ာ 🖫	
	P.O. Box N	NOT acceptable FL 32301		
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its registe	ered agent,	
Such change was authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer notified in writing of the change.	so	
1	e E. Whee	Jill Cilmi, Vice President		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified in Service Company	tatutes relative to the proper and complete d accept the obligation of my position as reg reflect a change in the registered office addre	istered ess, I	
	nature of Registered Agent	Date .		
If signing on be	half of an entity:			
<u>·</u>	Asst. Vice President			
T	yped or Printed Name			

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