

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	L AUG
4. (Corporation Name)	(Document #)  (Document #)  (Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy
NEW FILINGS	Photocopy Certificate of Status  AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Name Availability
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of Florida.
1. The name of the limited liability company is: Precision Nursing Home Management, LLC
2. The mailing address of the limited liability company is:
6506 Spyglass Lane, Bradenton, FL 34202
May 15, 2000 L0000005780
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Cheryl Lynn Davis Name
6506 Spyglass Lane
Brade ton FL 34202 ES S
6. The name and address of the new registered agent and/or office:
Address  Brade ton FL 34202  City, State and Zip  6. The name and address of the new registered agent and/or office:  Coldsmith and Grout P.A.  Name  2180 Park Avenue North Suite 100  Florida street address (P.O. Box NOT acceptable)
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)
Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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

FILING FEE: \$25.00