

L 000000 14723

Requester's Name
Address
City/State/Zip Phone #

Office Use Only

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

- 1. SENIOR HEALTH - WINTER HAVEN, LLC (Corporation Name) L-14723 (Document #)
- 2.
- 3.
- 4. 000003811080--5 (Corporation Name) -03/08/01--01014--001 (Document #) ****175.00 *****25.00

- Walk in Pick up time Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 MAR -6 AM 11:31
FILED
W 3/12

Examiner's Initials

20

**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.

1. The name of the limited liability company is: Senior Health - Winter Haven, LLC
2. The mailing address is Ms. Carol A. Tschop, c/o Age Institute Holdings, Inc. The Professional Arts Building, 25 Penncraft Avenue, Suite 312, Chambersburg, PA 17201
3. Date of filing/registration in Florida: November 30, 2000
4. Document number: L00000014723
- 5 The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

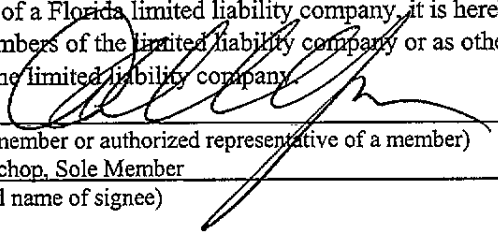
Dr. Bernard Richmond
Name
5261 Indianwood Village Lane
Address
Lake Worth, FL 33463
City, State and Zip

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01 MAR -6 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

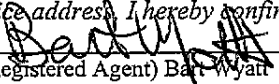
6. The name and address of the new registered agent and/or office:

Bart Wyatt
Name
14255 49th Street N., Building #3, Suite 301
Florida street address (P.O. Box NOT acceptable)
Clearwater, FL 33762-2813
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)
Carol A. Tschop, Sole 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) Bart Wyatt