L01000004880

(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:						
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10/06/16--01016--003 **25.08

16 OCT -6 AM 9: 45 DIVISION OF CORPORATIONS

O SIMMONS OCT 07 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: October 4, 2016

Order#: 296685/099

Re: LAKE HARRIS HEALTH SYSTEMS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: LAKE HARRIS	HEALTH S	SYSTEMS	, LLC			
2	(a)	C/O BROOKDALE	(b)					
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		111 WESTWOOD PLACE, SUITE 400						
		BRENTWOOD, TN 37027	 -			·		
		03/29/2001		L0100000)4880	 		
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	CT CORPORATION						
	• • •	Registered Agent and Registered Office shown on the records of	f the Florida E	Pept. of State	: ::			
		1200 S. PINE ISLAND ROAD						
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			16 OCT		
		PLANTATION , FI	L <u>33324</u>			16 OCT -6 AM 9: 45		
	(b)	Corporation Service Company				A A		
	(-)	Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street	d Office addr	ess:	•	34011743 3-4-5		
		NEW Registered Office Address:			-			
		Tallahassee F	L 32301		•			
th ag w th	e cha gent v as/we e arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the S of the registe iability com of the limit e limited lia	ered office npany, it is ed liability ability com	e and the business offices hereby confirmed the company or as other apany. Trized Person	ice of the re at the chan rwise provi	egistered ge(s)	
	Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee		
pr th to no	ovisi e obl mero tified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change. The of Registered Agent Corporation Service Company	e performar ed for in Ch hereby con	nce of my anapter 605 afirm that	duties, and I am famil , F.S. Or, if this docu the limited liability co	liar with an ument is bei ompany has	with the ad accept ing filed s been	
٥		Corporation Service Company	D 1. OR	L. IXII	DI 20214	. Obliquist		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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		Registered Office Address (MUST BE FLORIDA STREET	r ADDRESS	<u> </u>	-			
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		PLANTATION , F	L_33324		-	'isic	16 0	******
	(L)	Corporation Sandan Company) \	OCT	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	ed Office ado	dress:	-		9	
						OKP.	AH	П
		1201 Hays Street				07.4	99	O
		NEW Registered Office Address:			-	DIVISION OF CORPORATIONS	£	
					-			
		Tallahassee , F	L 32301		-			
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_;	Signat	ure of a member or authorized representative of a member		,	Printed or typed name of	Signee		
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		company						