

LO1 000000 8602

JOHN K. McCLURE, P.A.  
ATTORNEYS AT LAW  
230 SOUTH COMMERCE AVENUE  
SEBRING, FLORIDA 33870-3603

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

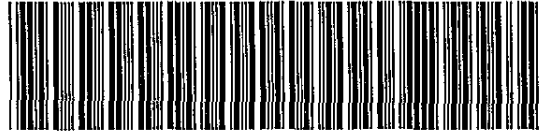
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500008965195

11/14/02--01080--004 \*\*25.00

RECEIVED  
TALLAHASSEE, FLORIDA

02 NOV 14 AM 9:56

FILED

LO1-8602

OK

**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: Sebring Senior Care, LLC
2. The mailing address of the limited liability company is : 1175 Peachtree Street, Suite 850  
Atlanta, Georgia 30361

3. Date of filing/registration in Florida May 30, 2001 4. Document number L01000008602

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Charles L. Cooper, Jr.  
Name  
1358 Thomaswood Drive  
Address  
Tallahassee, Florida 32312  
City, State and Zip

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

John K. McClure  
Name  
230 South Commerce Avenue  
Florida street address (P.O. Box NOT acceptable)  
Sebring FL 33870  
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 ~~is~~ ~~was~~ ~~is~~ ~~was~~ 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]  
(Signature of a member or authorized representative of a member)

JOHN E. McMULLAN, PRESIDENT/MANAGING 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]  
(Signature of Registered Agent)

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

FILED  
02 NOV 14 AM 9:54  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE