

L01000008602

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : JOHN K. MCCLURE, P.A.
Account Number : I20000000201
Phone : (863) 402-1888
Fax Number : (863) 402-2436

REGISTERED AGENT CHANGE

SEBRING SENIOR CARE, LLC

Certificate of Status	0
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\$25.00

J. BRYAN

AUG 12 2008

EXAMINER

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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. Name of the limited liability company: Sebring Senior Care, LLC
2. (a) Principal office address of limited liability company: 1175 Peachtree St., Ste. 1230
Atlanta, GA. 30361
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: P.O. Box 8779
Atlanta, GA 31106
 (Note: **MAY BE POST OFFICE BOX**)

3 Date of filing registration in Florida May 30, 2001

4 Document number L01000008602

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

John K. McClure Jr.

Registered Office Address:

230 South Commerce Ave.
Sebring FL 33870 US

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

John K. McClure

NEW Registered Office Address:

211 South RIDGEWOOD DRIVE

(MUST BE FLORIDA STREET ADDRESS)

Sebring FL 33870

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.

John K. McClure
 (Signature of a member or authorized representative of a member)

John K. McClure, Authorized representative
 (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.

John K. McClure
 (Signature of Registered Agent)

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