

W1000011869

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Wrong form we NOT CORP

(Requestor's Name)

LAW OFFICES  
COOPER, BYRNE, BLUE & SCHWARZ, PLLC  
3520 THOMASVILLE ROAD, SUITE 200  
TALLAHASSEE, FLORIDA 32309



300040779933

(City/State/Zip/Phone #)

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85.00

(Business Entity Name)

(Document Number)

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W1-11869

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 13, 2004

COOPER BYRNE BLUE & SCHWARZ, PLLC  
3520 THOMASVILLE ROAD, SUITE 200  
TALLAHASSEE, FL 32309

SUBJECT: SEBRING HEALTHCARE INVESTORS, LLC  
Ref. Number: L01000011869

We have received your document for SEBRING HEALTHCARE INVESTORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 604A00054560

**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 Healthcare Investors, LLC
2. The mailing address of the limited liability company is: 1175 Peachtree Street, Suite 850, Atlanta, GA 30361
3. Date of filing/registration in Florida: July 19, 2001
4. Document No. L01000011869
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.  
1358 Thomaswood Drive  
Tallahassee, Florida 32312

6. The name and address of the new registered agent and/or office: (P.O. Box Not Acceptable)

Charles L. Cooper, Jr.  
3520 Thomasville Road, Suite 200  
Tallahassee, Florida 32309

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)

Charles L. Cooper, 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 obligation 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 \*\*\*

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