

Ted Mack
Requester's Name
803 N. Calhoun St.
Address
Tallahassee, FL 32303
City/State/Zip
224-1452
Phone #

L010000014733

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

1. Waterford Convalescent Center Operations LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ 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 **200004739422--4**
- ☐ Limited Partnership **-12/26/01--01007--015**
- ☐ Reinstatement ******325.00 *****25.00**
- ☐ Trademark
- ☐ Other

RECEIVED
01 DEC 26 PM 9:56
DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Examiner's Initials JB 12/10/01

**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.

WATERFORD CONVALESCENT CENTER

1. The name of the limited liability company is: OPERATIONS, L.L.C.
2. The mailing address of the limited liability company is: 5922 Cattlemen Lane, Suite 203
Sarasota, FL 34232

3. Date of filing/registration in Florida August 24, 2001
4. Document number L01000014733

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

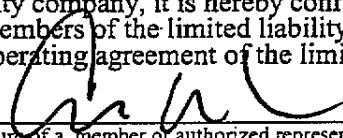
Gerald A. Dechow
Name
5922 Cattlemen Lane, Suite 203
Address
Sarasota, FL 34232
City, State and Zip

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

Ted E. Mack
Name
803 N. Calhoun Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Gerald A. Dechow
(Printed or typed name of signer)

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)

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