L04000043438

(Requestor's Name)		
(Address)		
(Address)		
(City/State	/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documen	t Number)	
Certified Copies Certificates of Status		
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Special Instructions to Filing C)fficer:	
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ALLAHASSEE, FI ALLA

T. Brumbley APR 1 1 7005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Management 200 (Name of Limited Limit

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person)

Professional Associations Of APR 11

(Firm/Company)

Note 200 Server Company)

Coral Spring + 2 330 94 (Chy/State and Zip Code)

For further information concerning this matter, please call:

Stew J-Romenello at (954) (003.0122 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25,00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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: Sen Hulance Management of South Floria, U.C. 2. The mailing address of the limited liability company is: 2900 N. Glades arcle.
2. The mailing address of the limited liability company is: 2900 N. Glades accele.
Site 500 Wiston, Florida 33327
(4/9/2004
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Dennis R Gerter
Dennis R Gerber Name 414 Alhambra Grale Address Coral bables TC 33154 City, State and Zip
Address
Cocal bubles TC 33/34 PY 8
6. The name and address of the new registered agent and/or office:
Lamenulo Professione Assustion
11555 Heron Bay 2/4/ Svit 200 9
Florida street address (P.O. Box NOT acceptable)
The state of the s
Cara Springs FL 730 94
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)
(Printed of typed name of signee)
I hercby 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 60s, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby 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
INHS18(10/99)