

**LD5000023765**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000192152 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1082  
Fax Number : (850) 878-5926

RECEIVED

05 AUG 12 AM 8:00

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 11 AM 10:54

REGISTERED AGENT CHANGE

CORE COMMUNITIES OF SOUTH CAROLINA, LLC

Certificates of Status	0
Certified Copy	0
Page Count	823
Estimated Charge	\$35.00

*Please refile + back date to 8/11/05 M# [initials]*

Electronic Filing Menu

Corporate Filing

Public Access Help



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 12, 2005

CT CORPORATION SYSTEM

SUBJECT: CORE COMMUNITIES OF SOUTH CAROLINA, LLC  
REF: L05000023765

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan  
Document Specialist

FAX And. #: 85000019215  
Letter Number: 505200051714

RECEIVED  
05 AUG 12 AM 9:52  
DIVISION OF CORPORATIONS

**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: Care Communities of South Carolina, LLC
- 2. The mailing address of the limited liability company is : \_\_\_\_\_  
PO Box 5403, Fort Lauderdale, FL 33310

- 3. Date of filing/registration in Florida 03/09/2005
- 4. Document number LOS000023765

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

Glen R Gilbert Name  
1750 East Sunrise Boulevard Address  
Fort Lauderdale, FL 33304 City, State and Zip

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

CT Corporation System Name  
1200 South Pine Island Road Address  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324 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(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]  
 (Signature of member or authorized representative of a member)  
**GLEN R. GILBERT**  
 Senior Executive Vice President  
 (Printed or typed name of signor)

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.  
CT Corporation System

[Signature]  
 (Signature of Registered Agent)  
 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

IN44818(10/99) FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 11 AM 10:54