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Special Instructions to Filing Officer:		
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SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

MAY 1 2 2009

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	SCI-ILF Camellia Operator, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.	
Please return all correspondence of	oncerning this matter to the following:	
Dance Then		
Donna Thon Name of Perso		
.,	•	
Senior Care		
Firm/Company		
	SECRETARY OF STATE ALLAHASSEE, FLORID, Code	
1240 Marbella P	aza Drive	
Address	A A A	
	mo mo	
Tampa El 1	13610	
Tampa, FL 33619 City/State and Zip Code		
City, State and Exp	70. 20.	
dthompson@senioro	· ·	
For further information concerning		
	<i>-</i> • • • • • • • • • • • • • • • • • • •	
Donna Thompson	at (813) 341-2700	
Name of Person	Area Code & Daytime Telephone Number	
etheet/Counten Ann	RESS: MAILING ADDRESS:	
Registration Section		
Division of Corporations		
Clifton Building	P.O. Box 6327	
2661 Executive Center Circl		
Tallahassee, Florida 32301		
Enclosed is a check for t	ne following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

Name of the limited liability company:	SCI-ILF Camellia Operator, LLC		
2. (a) Principal office address of limited liability con	mpany:		
(Note: MUST BE STREET ADDRESS)	1240 Marbella Plaza Drive Tampa, FL 33619		
(b) Mailing address of limited liability company:	<u></u>		
(Note: MAY BE POST OFFICE BOX)	1240 Marbella Plaza Drive Tampa, FL 33619		
4/7/2006	L06000036911		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Rebecca Thorn		
Registered Office Address:	1240 Marbella Plaza Drive Suite 200		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	David R. Vaughan		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	1240 Marbella Plaza Drive Suite 200		
	<u>Tampa</u> ,FL <u>33619</u>		
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 of authorized representative of a member			
Printed or typed name of signee			
I hereby accept the appointment as registered agent compty with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Gr. if this locument is being filed address! I hereby confirm that the limited liability consideration of Registered Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for I to merely reflect a change in the registered office ompany has been notified in writing of this change.		

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

INHS18 (05/08)