## L07600059671

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN - 1 2011



## **COVER LETTER**

Division of Corporations		
SUBJECT:	BRIDGES TIC - HAALAND, LLC	
	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	concerning this matter to the following:	
Stephanie Pa	anoulis	
Name of Perso		
Senior Care Gr Firm/Company		
rinn/Company		
1240 Marbella P	aza Drive	
Address		
Tampa, FL 3	33619	
City/State and Zip		
spapoulis@seniorca E-mail address: (to be used for future a	regroup.com	
E-mail address: (to be used for future a	nnual report notification)	
For further information concernin	g this matter, please call:	
Stephanie Papoulis	at ( 813 ) 341-2700	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADD	RESS: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circl	e Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the	ne following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

## 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:	BRIDGES TIC - HAALAND, LLC
2. (a) Principal office address of limited liability co	mpany:
(Note: MUST BE STREET ADDRESS)	1240 Marbella Plaza Drive Tampa, FL 33619
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1240 Marbella Plaza Drive Tampa, FL 33619
06/06/2007	L07000059671
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	National Registered Agents, Inc.
Registered Office Address:	515 E. PARK AVENUE TALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> :	David R. Vaughan
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	5) 1240 Marbella Plaza Drive Tampa ,FL33619
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or a or the operating agreement of the limited liability company or a or the operating agreement of the limited liability company or a member of authorized representative of a member of liability of the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability of Signature of Registered Agent	the Florida street address of the registered office

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