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| (Requestor's Name) |
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| (Address) |
| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2011 MAY 31 PM 1: 02 SECRETARY OF STATE

T. CLINE

JUN - 1 2011

EXAMINER

COVER LETTER

| TO: Registration S Division of C | | | | | | |
|--|--------------------------------|-----------|-----------|------------------|------------------|---|
| SUBJECT: | | | | ANG, LLC | | |
| | Name of l | Limited l | Liability | y Company | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registe | ered Agent/Registered (| Office Cl | nange a | nd fee(s) are | submitted for | or filing. |
| Please return all corr | espondence concerning | this mat | ter to th | ne following: | | |
| S | tephanie Papoulis | | | | | |
| | Name of Person | | | | | |
| Sen | ior Care Group, Inc. | | | | | |
| | Firm/Company | | | | | |
| 1240 Marbella Plaza Drive | | | | | . 20 | |
| | Address | | | | | |
| - | omno El 22610 | | | | | 2011 MAY 31 PM 1: 02 SECRETARY OF STATE ALLAHASSEE, FLORIDA |
| Tampa, FL 33619 City/State and Zip Code | | | | | 31 888 888 | |
| • | | | | | | m 9 3 |
| snanouli | s@seniorcaregroup (| com | | | | STAT |
| spapoulis@seniorcaregroup.com E-mail address: (to be used for future annual report notification) | | | | | RAI O | |
| For further information | on concerning this matt | er, pleas | e call: | | ; | > 1/4 |
| | ie Papoulis | _ at (| 813 |) | 341-2700 | |
| Name o | f Person | | Ar | rea Code & Dayti | me Telephone? | Number |
| STREET/CO | URIER ADDRESS: | | MAII | LING ADDRI | ESS: | |
| Registration Se | | | | tration Section | | |
| Division of Co | | | | ion of Corpora | itions | |
| Clifton Buildir | | | | Box 6327 | | |
| Tallahassee, Fl | e Center Circle orida 32301 | | Tallah | nassee, Florida | i 32314 | |
| Enclosed is a | check for the following | ng amou | nt: | | | |
| \$25 Filing | Fee | Γ | \$55 | Filing Fee & | Certified C | Сору |

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 - TANG, LLC | | | | |
|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability con | npany: | | | | |
| (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 | | | | |
| 06/07/2007 | L0700060158 | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | | |
| 5. (a) Registered Agent and Registered Office show | n on the records of the Florida Dept. of State: | | | | |
| Registered Agent: | National Registered Agents, Inc. | | | | |
| Registered Office Address: | P.O. Box 927 West Windsor, NJ 08550=0927 | | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | David R. Vaughan | | | | |
| If the limited liability company is not organized under 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 chan of the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability composition of the limited liability company or a signature of a member or authorized representative of a member of a point R. Vaughan Printed or typed name of signee I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am family in the provisions of all statutes relative to the address, I hereby confirm that the limited liability confidences. | the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization apany. | | | | |

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

Signature of Registered Agent