## L0700060163

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (Audiess)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| , ,                                     |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Cassial lastrustions to Filips Officer  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



600208195576

05/31/11--01005--007 \*\*25.00

2011 HAY 31 PH 1: 04
SECRETARY OF STATE

T. CLINE
JUN - 1, 2011

**EXAMINER** 

## **COVER LETTER**

| TO:   | Registration Section Division of Corporations   |                     |  |  |   |
|---|---|---------------------|--|--|---|
| SUBJ  | · · · · · · · · · · · · · · · · · · ·   |                     | IC - TURNER, LLC I Liability Company   | <u>,                                      </u> |   |
| Dear S  | Sir or Madam:   |                     |  |  |   |
| The er  | nclosed Registered Agent/Re   | egistered Office (  | Change and fee(s) are sul  | bmitted for filing.                            |   |
| Please  | return all correspondence c   | oncerning this m    | atter to the following:  |  |   |
|   | Stephanie Pa  |                     |  |  |   |
|   | Name of Persor  | l                   |  |  |   |
|   | Senior Care Gro   | oup, Inc.           |  | ,  |   |
|   | 1240 Marbella Pla<br>Address  | aza Drive           |  | 2011<br>SEG<br>TALL                            |   |
| Tampa, FL 33619 City/State and Zip Code   |   |                     | 2011 MAY 31 PM 1: 01<br>SECRETARY OF STATE<br>ALLAHASSEE, FLORIDA  |  |   |
| spapoulis@seniorcaregroup.com E-mail address: (to be used for future annual report notification |   |                     | on)  | 4 1:01<br>STATE<br>CLORIDA                     | 1 |
| For fu  | ther information concerning   | g this matter, plea | ase call:  | _  |   |
|   | Stephanie Papoulis Name of Person   | at (                | 813 ) 34 Area Code & Daytime   | 41-2700<br>Telephone Number                    |   |
|   | STREET/COURIER ADDR<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center Circle<br>Tallahassee, Florida 32301 |                     | MAILING ADDRESS<br>Registration Section<br>Division of Corporation<br>P.O. Box 6327<br>Tallahassee, Florida 32 | ns   |   |
|   | Enclosed is a check for th  | e following amo     | unt:   |  |   |
| . [   | \$25 Filing Fee   |                     | \$55 Filing Fee & Ce   | ertified Copy                                  |   |

TO:

## 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. Name of the limited liability company:  | BRIDGES TIC - TURNER, LLC  |  |  |  |
|--|--|--|--|--|
| 2. (a) Principal office address of limited liability co.   | mpany:   |  |  |  |
| (Note: MUST BE STREET ADDRESS)   | 1240 Marbella Plaza Drive<br>Tampa, FL 33619   |  |  |  |
| (b) Mailing address of limited liability company:  |  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)   | 1240 Marbella Plaza Drive<br>Tampa, FL 33619   |  |  |  |
| 06/07/2007   | L07000060163   |  |  |  |
| 3. Date of filing/registration in Florida  | 4. Document number 78 2  |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Depends  |  |  |  |  |
| Registered Agent:  | National Registered Agents Inc.  |  |  |  |
| Registered Office Address:   | P.O. Box 927 Per Property Prop |  |  |  |
| (h) Enter name of NEW Pagistared Agent and/o   | or NEW Pagistared Office address:  |  |  |  |
|  | 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)   |  |  |  |
| NEW Registered Agent:  |  |  |  |  |
|  |  |  |  |  |
| (MOST BE TEORIDA STREET ADDRESS  | <u>Tampa</u> ,FL <u>33619</u>  |  |  |  |
| 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 charge of the members of the limited hability company or as or the operating agreement of the limited liability confirmed that the charge of the company of the limited liability confirmed that the charge of  | er 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 ange(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization annually.  |  |  |  |
| David R. Vaughan   |  |  |  |  |
| Printed or typed name of signee  |  |  |  |  |
| I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and Yam 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 lia | and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.   |  |  |  |

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