L07000101979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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08 MAR 26 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAR 26 2008

EXAMINER

CT
a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

March 25, 2008

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 7192665 SO
Customer Reference 1: None Given
Customer Reference 2:

Dear Department of State, Florida:

In response to your request regarding the above referenced order, your filing(s) has been completed as indicated below:

FKP Senior Living Holdings LLC (FL)
Change of Agent
Florida
Filing Date:

FKP Senior Living Tenant Holdings LLC (FL)
Change of Agent
Florida
Filing Date:

FKP Project Columbus Holdings LLC (FL)
Change of Agent
Florida
Filing Date:

FKP Senior Living Transportation LLC (FL)
Change of Agent
Florida
Filing Date:

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: FKP SENIOR LIVING TENANT HOLDINGS LLC.

2. The mailing address of the limited liability company is : LEVEL 5, 120 EDWARD STREET

BRISBANE QLD 4000 AUSTRALIA

10/05/2007
3. Date of filing/registration in Florida

L07000101979
4. Document number

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

F&L CORP
Name

ONE INDEPENDENT DRIVE, SUITE 1300
Address

JACKSONVILLE, FL 32202
City, State and Zip

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TALLAHASSEE, FLORIDA

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

C T Corporation System
Name

1200 South Pine Island Road
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 of a member or authorized representative of a member)

Sandra Ortega
(Printed or typed name of signee)

Vice President

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.

By: C T Corporation System
(Signature of Registered Agent)

Arlene Bernal
Assistant Secretary

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

INHS18 (8/05)