

LOS000083359

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN 13 2012  
EXAMINER



To Whom It May Concern:

Please process the enclosed filing(s). **Please return confirmation documents, if applicable, to:**

Sarah Sneath  
Adventist Health System  
900 Hope Way  
Altamonte Springs, FL 32714

Tel: 407-357-2333  
Email: [sarah.sneath@ahss.org](mailto:sarah.sneath@ahss.org)

Do not hesitate to contact me if you should have questions.

Many thanks for your assistance.

A handwritten signature in cursive script that reads "Sarah".

Sarah Sneath  
Legal Department  
Adventist Health System

12 JAN 12 10 05  
FALLS CHURCH, VA 22034

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Real Property Holdings of Adventist Care Centers, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Sneath  
Name of Person

Adventist Health System  
Firm/Company

900 Hope Way  
Address

Altamonte Springs, Florida 32714  
City/State and Zip Code

sarah.sneath@ahss.org  
E-mail address: (to be used for future annual report notification)

12 JAN 12 PM 3:05  
RECEIVED  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sarah Sneath at ( 407 ) 357-2333  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the 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.*

1. Name of the limited liability company: Real Property Holdings of<sup>1</sup> Adventist Care Centers, LLC

2. (a) Principal office address of limited liability company: 900 Hope Way

(Note: **MUST BE STREET ADDRESS**) Altamonte Springs, Florida 32714

(b) Mailing address of limited liability company: 900 Hope Way

(Note: **MAY BE POST OFFICE BOX**) Altamonte Springs, Florida 32714

9/2/2008  
3. Date of filing/registration in Florida

L08000083359  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Jeff Bromme

Registered Office Address: 111 N. Orlando Avenue  
Winter Park, FL 32789

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address: 900 Hope Way  
(**MUST BE FLORIDA STREET ADDRESS**) Altamonte Springs, FL 32714

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.

Ariel De Prada  
Signature of a member or authorized representative of a member

Ariel De Prada, Assistant Secretary  
Printed or typed name of signee

*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.*

N/A  
Signature of Registered Agent

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