L10000109340

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LLC REGISTERED AGENT CHANGE
PHOENIX OF VENICE, LLC

Certificate of Status	0
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EXAMINER

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Division of Corporations

January 18, 2011

AKERMAN SENTERFITT - TAMPA

SUBJECT: PHOENIX OF VENICE, LLC
REF: L10000109340

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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: Phoenix of Venice, LLC

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

☐ *(Note: MUST BE STREET ADDRESS)* 1730 Hidden Pines Way
Nokomis, Florida 34275

(b) Mailing address of limited liability company:

☐ *(Note: MAY BE POST OFFICE BOX)* P.O. Box 1290
Venice, Florida 34284

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10/19/2010 — 3. Date of filing/registration in Florida

L10000109340 — 4. Document number

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

Registered Agent: NRAI Services, Inc.

Registered Office Address: 2731 Executive Park Drive, Suite 4
Weston, Florida 33331

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

NEW Registered Agent: Susan A. Vine

NEW Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)* 1730 Hidden Pines Way
Nokomis FL 34275

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.

Susan A Vine
Signature of a member or authorized representative of a member

Susan A. Vine, Manager
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.

Susan A Vine
Signature of Registered Agent

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

INES12 (05/08)