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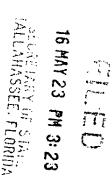
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Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

5/20/2016 FLORIDA

REP UNIT:

LIVING WELL LODGES CLERMONT,

LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #27472 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LIVING WELL LODGES CLERMONT, 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:		
Myra Simmons		
Name of Person		
Capitol Corporate Services, Inc. (Registered Agent Dept.)		
Firm/Company		
PO Pay 1821		
PO Box 1831 Address		
. Indicate		
Austin, TX 78767		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Musa Simmono		
Myra Simmons at (800) 345-4647 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\times \text{Certified Copy}\$		
INHS18 (2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. LIVING WELL LODGES CLERMONT, LLC 1. Name of the Limited Liability Company: 2. (a) 7004 BEE CAVE ROAD (b) 7004 BEE CAVE ROAD Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) **BUILDING 3, SUITE 300 BUILDING 3, SUITE 300** AUSTIN, TX 78746 AUSTIN, TX 78746 8/29/2012 L12000111443 3. Date of filing/registration in Florida Document number 5. (a) LAURENCE J. PINO, P.A. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 189 S. ORANGE AVENUE, SUITE 1650 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) **ORLANDO** FL 32801 (b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 155 Office Plaza Dr Ste A NEW Registered Office Address: Tallahassee FL 32301 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 Robert Ochwer ZER
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 605, 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 writing of this change Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Division of Corporations

■ P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00