

L99000006379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ACCOUNT NUMBER: FCA000000005

REFERENCE: 2040010
(Sub Account)

DATE: 6/12

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: Alpine Health and Rehabilitation Center, LLC

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

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☒ CERTIFICATE OF STATUS (1-9)
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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. The name of the limited liability company is: Alpine Health and Rehabilitation Center, LLC

2. The mailing address of the limited liability company is :

111 W. Michigan St., Milwaukee, WI 53203-2903

10-4-99

L99000006379

3. Date of filing/registration in Florida

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:

Senior Health Management, LLC

Name

100 2nd Av. South Suite 901

Address

St. Petersburg FL 33701

City, State and Zip

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

LexisNexis Document Solutions Inc.

Name

3953 W.W. Kelley Road

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32311

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.

Roch Carter VP
(Signature of a member or authorized representative of a member)

Roch Carter

(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.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314