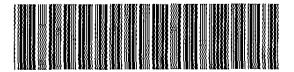
## 1.L9900006379

(Requestor's Name)		
(Address)		
(Ad	ldress)	
( )		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
<b>(</b> —		•
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Symplet Instructions to	Filing Officer:	1
Special Instructions to Filing Officer:		
		j
		1
		-

Office Use Only



300019150393

JUN 12 PM 2

M

STIN 12 VALUE 52

## ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA00000005
REFERENCE: 2040010
DATE: 6/12
REQUESTOR HAME: Lexis Document Services
ADDRESS:
TELEPHONE: () oxt ()
CONTACT NAME:
CORPORATION HAME: Alpine Health and Rehabilitation Center, L'
DOCUMENT NUMBER:(if applicable)
AUTHORIZATION: Cymphin J. Woodyard
CERTIFIED COPY (1-9)  CERTIFICATE OF STATUS (1-9)  PLAIN STAMPED COPY  (MT)
Call When Ready ( ) Call if Problem ( ) After 4:30 ( ) Walk In ( ) Will Walt ( ) Pick Up

\*\*\*\*\*\*

## 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 server of the limite	Al liability agence with	pine Health and Rehabilitation Center, LLC
1. The name of the limited	a naomy company is:	
2. The mailing address of	• •	
111 W. Michigan St., Milwau	kee, WI 53203-2903	
10-4-99		L9900006379
3. Date of filing/registrati		4. Document number
5. The name of the registe Florida Department of S	red agent and the registere	ed office address as shown on the records of the
	Senior Health Managemer	LUC TO THE PARTY OF THE PARTY O
	100 2nd Av. South Suite	ame 901
	St. Petersburg FL 33701	dress tte and Zip
6. The name and address of	of the new registered agen	t and/or office:
	LexisNexis Document Solu	itions Inc.
	Nat 3953 W.W. Kelley Road	ne
•	<del></del>	O. Box NOT acceptable)
	Tallahassee p	դ_ <b>32311</b>
	City, State	<del></del>
confirmed that after the of	tange or changes are made the registered agent will be eby confirmed that the chall liability company or as of the limited liability com	ter the laws of the State of Florida, it is hereby to the Florida street address of the registered office to identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or pany.
(216) Water of a memory of authori	zed representative of a memoer)	of the second se
Roch Carter (Printed or typed name of signee)	And the second s	
	ntment as registered agen s of all statutes relative to t accept the obligations o his document is being file that the limited liability c	t and agree to act in this capacity. I further agree to the proper and complete performance of my auties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.
(Signature of Registered Agent)		<b>-</b> · ·

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

**FILING FEE: \$25.00** 

INHS18(10/99)