

UCC FILING & SEARCH SERVICES, INC.

526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

SERVICES .	CC	PRPORATION NAME (S) AND D	November 8, 2000 OCUMENT NUMBER (S):	
Filing Evidence ☑ Plain/Confirmation	і Сору	7€ Type of Delicate	00003456837—-1 ocument 8580 00 01024-005 of Status	
□ Certified Copy		☐ Certificate of Good Standing		
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Retrieval Reques □ Photocopy □ Certified Copy	<u>st</u>	Articles &	Amendments Name Certificate APPRO APPRO APPRO APPRO APPRO APPRO AND FILI	
NEW FILINGS		AMENDMENTS	PM IZ: 27 OF STATE	
Profit		Amendment	TATE ORID	
Non Profit		Resignation of RA Officer/Director	· · ·	
Limited Liability	x	Change of Registered Agent		
Domestication		Dissolution/Withdrawal		
Other		Merger		
OTHER FILINGS		REGISTRATION/QUALIFICATION		
Annual Reports		Foreign	a G a	
Fictitious Name		Limited Liability		
Name Reservation		Reinstatement		
Reinstatement		Trademark		
		Other	na na	



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:	NHC PLACE/VERO BEACH, LLC	•
2. The mailing address of the limited liability co	ompany is : <u>PO BOX 1398, MURP</u>	HREESBORO, TN 37133.
10/04/99	L99000006384	
3. Date of filing/registration in Florida	4. Document numb	ber
5. The name of the registered agent and the regis Florida Department of State:	tered office address as shown or	the records of the
RAINS, JOHN H III		
	Name	
201 N FRANKLIN STRE	EET, SUITE 2200	
	Address	
TAMPA, FL 33602	۵	
City,	State and Zip	-
6. The name and address of the new registered ag	gent and/or office:	OO SE
NRAI SERVICES, INC.		OO NOV
526 E PARK AVENUE	FIL FIL FIL FIL FIL FIL FIL FIL FIL	
Florida street address	s (P.O. Box NOT acceptable)	OVELL PM 12: 27 PM 12: 27 OF STATE EE. FLORE
TALLAHASSEE	FL 32301	S
City, S	tate and Zip	
If the limited liability company is not organized to confirmed that after the change or changes are m	under the laws of the State of Flo	orida, it is hereby

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)

Richard F. Lakache
(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. NRAI SERVICES, INC.

(Signature of Registered Agent) ED HAND, ASST, SEC.

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

FILING FEE: \$25.00

INHS18(10/99)