## LAAOUUOS474

| (Re                     | questor's Name)      |                |
|-------------------------|----------------------|----------------|
| (Ad                     | dress)               |                |
| (Ad                     | dress)               |                |
| (Cit                    | ty/State/Zip/Phone i | <del>#</del> ) |
| PICK-UP                 | ☐ WAIT               | MAIL           |
| (Bu                     | isiness Entity Name  | <del>)</del>   |
| (Do                     | ocument Number)      |                |
| Certified Copies        | _ Certificates       | of Status      |
| Special Instructions to | Filing Officer:      |                |
|                         |                      |                |
|                         |                      | l              |
|                         |                      |                |

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ZUID DEC 16 A 4 45 SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

DECILIFICATIONS

O.BRUCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard

lindsey.lockard@cscglobal.com

Date: December 14, 2015

Order#: 892997/029

Re: COLONIAL CARE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call but office

INCA.XCOA

## 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.

| . (a)          | 111 West Michigan Street   | (b)                           | 111 We:                      | st Michigan Street   |
|----------------|--|-------------------------------|------------------------------|--|
| ( )            | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)                            |                               |                              | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)     |
|                | Milwaukee, WI 53203  |                               | Milwaukee                    | e, WI 53203  |
|                | 12/06/1999   |                               | L9900000                     | 8474   |
|                | Date of filing/registration in Florida   | 4.                            |                              | Document number  |
| . (a)          | C T Corporation System   |                               |                              |  |
| . (a)          | Registered Agent and Registered Office shown on the records of   | f the Florida l               | Dept. of State:              | :  |
|                | 1200 South Pine Island Road  |                               |                              |  |
|                | Registered Office Address (MUST BE FLORIDA STREET  | 'ADDRESS)                     |                              |  |
|                | Registered Office Address INOST BETEORIDA STREET   | ADDRESS                       |                              |  |
|                |  |                               |                              | <b>7</b>   |
|                | Plantation F   | L 33324                       |                              | 2015<br>SEC  |
|                |  |                               |                              | DEC TA   |
| (b)            | Corporation Service Company  |                               |                              | (0) ===  |
| (0)            | Enter name of NEW Registered Agent and/or NEW Registere  | d Office add                  | ress:                        | SEST B   |
|                |  |                               |                              |  |
|                | 1201 Hays Street   |                               |                              | A 9: 45 OF STATE E. FLORIDA  |
|                | NEW Registered Office Address:   |                               |                              | 85E +  |
|                |  |                               |                              | >  |
|                |  |                               |                              |  |
|                | Tallahassee , F  | L <u>32301</u>                |                              |  |
|                |  | 6.1                           | a                            |  |
| the I<br>e cha | imited liability company is not organized under the la<br>inge or changes are made, the Florida street address o | iws of the S<br>of the regist | State of Flo<br>lered office | orida, it is hereby confirmed that afte<br>and the business office of the regist |
| gent v         | vill be identical. Or, in the case of a Florida limited 1  | iability cor                  | mpany, it is                 | hereby confirmed that the change(s   |
|                | ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the     |                               |                              |  |
| ic airi        | ictes to organization of the operating agreement of the  |                               | -                            |  |
| Ciana          | tu of a member or authorized representative of a member  | Dona                          | Priebe, Au                   | uthorized Person Printed or typed name of signee                                 |
| Signa          | ·  |                               |                              | rinned or typed name of signee<br>acity. I further agree to comply with          |
|                |  |                               |                              | anita. I tambhan nanna ta namaha with  |