## Division of Corporations 10000000155 Page 1/gf i

## Florida Department of State

**Division of Corporations** Public Access System

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## REGISTERED AGENT CHANGE

ARC NAPLES, LLC

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

Pursuant to the provis liability company subm agent, or both, in the St	ions of sections 608 its the following stat ate of Florida.	.416 or 608.5 sment in orde	08, Florida Statutes, the to change its registers	e undersigned limited ed office or registered	! !
1. The name of the lim	ited liability company	is: ARC Napl	es, LLC		
2. The mailing address	of the limited liability	y company is	111 WESTWOOD PL #200	), BRENTWOOD,	,
TN 37027					
8/7/2000			M00000001557		
3. Date of filing/registr	ation in Florida	•	4. Document number		
5. The name of the regis Florida Department of		egistered offic	e address as shown on t	he records of the	
	Corporation Service C	ompany			
		Name	<del></del> _	*	
•	1201 Hays Street			96 17	
		Address			
	Tallahassec FL, 32301				_
	C	ity, State and	Zip	A N	<u>n</u>
6. The name and address	of the new registere	d agent and/o	roffice:	6 DEC 22 AM 9: 53 ECRETARY OF STATE LLAHASSEE, FLORID	FIED
	СТ	Corporation Sys	tom	mo B	J
		Name		<u></u>	
	1200 Sc	outh Pine Island	Road	<b>≥≥</b> 5	
	Florida street add	ress (P.O. Box	NOT acceptable)	≥m ω	
•	Plantation	FL	33324	, 	
	City	y, State and Zi	p		
If the limited liability co confirmed that after the and the business office of liability company, it is he of the members of the lior the operating agreement the operating agreement of a matter of a matter or authorized the confirmation of a matter of a mat	change or changes and the registered agent are by confirmed that mited liability compart of the limited liab	e made, the Fl t will be ident the change(s) my or as other lity company	orida street address of the cal. Or, in the case of a was/were authorized by wise provided in the art	ne registered office Florida limited an affirmative vote	
Megan Gilliss (Printed or typed name of signed	-		•		
I hereby accept the apper comply with the provision and I am familiar with a Chapter 608, F.S. Or. if address, I hereby confirm by:  (Gignsture of Registered Agent)	ointment as registeres ns of all statutes rela nd accept the obligat this document is only n that the limited late populon system	d agent and al tive to the pro- long of my pos- grifted to mer titly sampuny listent Secreta	ree to act in this capaci per and complete perior lition as registered agen ely reflect a change in t has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.	
Divisi	on of Corporations, FILE	P.O. Box 632 ING FEE: \$2	7, Tallahassee, FL 323 5.00	314	

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