

M01000001115

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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RE-SUBMIT

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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15 DEC 29 AM 10:55

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TUSKAWILLA RETIREMENT RESIDENCE LLC

Certificate of Status	1
Certified Copy	0
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M. MILLIGAN
EXAMINER

DEC 30 2015

For Amend

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12/29/2015 10:36:37 AM From: To: 8506176383(2/5)
850-617-6381 12/29/2015 8:44:15 AM PAGE 1/001 fax server



December 29, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORP

SUBJECT: TUSKAWILLA RETIREMENT RESIDENCE LLC
REF: M01000001115

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

FAX Aud. #: H15000303295
Letter Number: 915A00027001

RECEIVED
15 DEC 29 AM 10:55
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT

Please retain original filing
date of submission 12/24

P.O. BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Tuskawilla Retirement Residence LLC

2. The Florida document number of this limited liability company is: MO1000001115

3. Jurisdiction of its organization: Oregon

4. Date authorized to do business in Florida: 05/15/2001

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

Connie Brown
If Changing Registered Agent, Signature of New Registered Agent


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member - Harvest	Managing Member 1 LLC	5885 Meadows Road, Ste 500	<input type="checkbox"/> Add
		Lake Oswego, OR 97035	<input checked="" type="checkbox"/> Remove
Member - Harvest	Mezzanine I, LLC	5885 Meadows Road, Ste 500	<input checked="" type="checkbox"/> Add
		Lake Oswego, OR 97035	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Leah Kuor, Assistant Secretary

Typed or printed name of signer

Filing Fee: \$25.00

FILED
15 DEC 24 AM 10:20
SECRETARY OF STATE
FALL MOUNTAIN ROAD

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF AN OREGON LIMITED LIABILITY COMPANY "TUSKAWILLA RETIREMENT RESIDENCE LLC" TO A DELAWARE LIMITED LIABILITY COMPANY "TUSKAWILLA RETIREMENT RESIDENCE LLC", WAS FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2015, AT 11:32 O'CLOCK A.M.

FILED
15 DEC 24 AM 10:20
SECRETARY OF STATE
TAL/AM/STEE/TLO/ID/



5911909 8317F
SR# 20151555801

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 10694971
Date: 12-29-15