M01000001974

(Re	equestor's Name)							
(Ad	dress)							
(Address)								
(City/State/Zip/Phone #)								
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(Bu	siness Entity Nam	ne)						
(Document Number)								
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11/24/14



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: November 5, 2014

Order#: 353514-147

Re: SENIOR CARE GOLFVIEW, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

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

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.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.

1.	Na	me of the limited liability company:	SENIOR CARE	GOLFVII	EW, LLC			
2.	(a)	1621 GALLERIA BLVD.		_ (b)	1			
	(-)	Principal office address of limited lia (Note: MUST BE STREET A		_ (-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		BRENTWOOD	TN 37027	- -				
		08/28/2001			M010000	01974		
3.		Date of filing/registration in	Florida	4.		Document number		
5.	(a)	NRAI SERVICES, INC.						
٥.	(u)	Registered Agent and Registered Office show	vn on the records of th	e Florida	Dept. of State	- e:		
		1200 SOUTH PINE ISLAND ROAD)					
		Registered Office Address (MUST BE F		DDRESS)		•		
		Plantation	, FL_	33324		-	1 4	
	(b)	Corporation Service Company					S	-1 11
	(0)	Enter name of NEW Registered Agent and/	or <u>NEW Registered (</u>	Office add	ress:	-	NOV -7	一
		1201 Hays Street					7 7 7 2	
		NEW Registered Office Address:				<u>-</u>	2: 37	****
		Tallahassee	, FL	32301		_		
th ag w	e cha ent v as/we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a little authorized by an affirmative vote cles of organization or the operating	street address of t Florida limited lial of the members of	the regis bility co the limi imited li	tered office mpany, it is ited liability ability con	e and the business of s hereby confirmed y company or as otl	office of the re that the chan	egistered ge(s)
_	Signa	ure of a memior of uthorizer representative	of a member			Printed or typed name	e of signee	
pr th to	ovisi e obl mere	by except the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change.	red agent and agre per and complete p agent as provided office address, I h	ee to act performo I for in C ereby co	in this cap ince of my chapter 605 infirm that	acity. I further agr duties, and I am far 5, F.S. Or, if this do the limited liability	ree to comply miliar with ar ocument is be ocompany has	with the ad accept ing filed s been
S	ignatu	re of Registered Agent Corporation Ser	vice Company	BY: G	race E. Kir	rby, Assistant Vic	e President	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00