M0100000/977

(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL ,			
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LLC

11/24/14

DC



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#: 353514-141

Re: SENIOR CARE CEDAR HILLS, 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	CEDAR	HILLS, LL	.C
2.	(a)	1621 GALLERIA BLVD. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		BRENTWOOD TN 37027	_ _		
		08/28/2001	-	M01000	
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	NRAI SERVICES, INC.			_
		Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of Sta	ate:
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	<u>)</u>	_
		Plantation , FL	33324		FILE NOV -7
	(b)	Corporation Service Company			
	` '	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	2: 37
		1201 Hays Street			
		NEW Registered Office Address:			_
		Tallahassee , FL	32301		_
the ag	e cha ent v is/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regise ability confithe limited l	stered offiompany, it ited liabil iability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	Signa	ture of a member authorized representative of a member			Printed or typed name of signee
pr th to	ovisi e obl mer	cy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change of this change.	ee to act perform d for in (hereby co	in this ca ance of m Chapter 60 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
S	gnatu	re of Registered Agent Corporation Service Company	BY: C	Grace E. I	Cirby, Assistant Vice President