## M02000003186

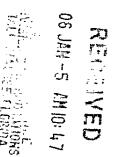
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ACCOUNT NO. : 072100000032

REFERENCE :

781721 5160006

ORDER DATE: December 28, 2005

ORDER TIME : 12:48 PM

ORDER NO. : 781721-215

CUSTOMER NO: 5160006

## CHANGE OF AGENT

NAME: ATRIA MANAGEMENT COMPANY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	d liability company i	s: <u>ATRIA MAN</u>	AGEMENT COMPA	ANY, LLC	
2. The mailing address of	f the limited liability	company is: _			
501 South Fourth Street, Suite	e 140, Louisville, KY 402	.02		/ <del>-</del>	
			3.600,000,000,10.6		
12/02/2002			M02000003186		
3. Date of filing/registrati	ion in Florida	•	4. Document num	nber	
5. The name of the register Florida Department of		gistered office a	ddress as shown	on the records of the	
NRAI Services, Inc.					
Name					
2731 Executive Park Drive, Suite 4					
Address					
Weston, FL 33331					
City, State and Zip					
Weston, FL 33331 City, State and Zip  6. The name and address of the new registered agent and/or office:  Corporation Service Company  Name 1201 Hays Street  Florida street address (P.O. Box NOT acceptable)					
Corporation Service Company					
1201 Hays Street				253	
	Florida street addre	ess (P.O. Box N	IOT acceptable)	語る	
	Tallahassee	FL.	32301	·*	
	City,	State and Zip			
If the limited liability con confirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement.	hange or changes are the registered agent reby confirmed that t nited liability compan at of the limited liabil	made, the Flori will be identica he change(s) w ny or as otherwi lity company.	ida street address l. Or, in the case as/were authorize	of the registered office of a Florida limited ed by an affirmative vote	
(Signature of Smember or author	ized representative of a mer	nber)			
W. Bryan Hud	SON				
(Printed or typed name of signee)					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes related accept the obligation is being that the limited liable liable.	agent and agre ive to the prope ons of my positi g filed to merel lity company h	ee to act in this co er and complete p ion as registered o y reflect a change as been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office my writing of this change.	
(Signature of Registered Agent)	Michelle R. Vannoy, Ass	t. V/P.			

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