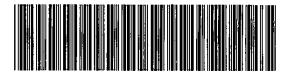
## M0700000 0327

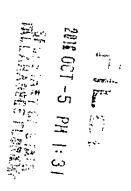
•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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10/05/16--01016--024 \*\*25.00



M. MILLIGAN OCT 0 7 2016



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: October 3, 2016

Order#: 296684-341

Re: HARBOUR HEALTH PROPERTIES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Mary Rivers 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.

OUCA.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. N	ame of the limited liability company: HARBOUR HEA	ALTH PRO	OPERTIES	, LLC
2. (a)	111 WESTWOOD PLACE SUITE 400  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BRENTWOOD, TN 37027	_		
	01/24/2003		M0300000	00323
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT CORPORATION			
J. (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:
	1200 S PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
			·	
	PLANTATION , FL	33324		
				32 Th. C. 10043
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress.	1 god
	1201 Hays Street			PA PA
	NEW Registered Office Address:			
	Tallahassee , FL	32301		
the charagent was/w was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the street of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have	the regist ability cor of the limi limited limited lim	ered office mpany, it is ted liability ability com ilmi, Authoritation this cape	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  rized Person  Printed or typed name of signee  activ. I further agree to comply with the
notifie	d in writing of this change.  The of Registered Agent Corporation Service Company			by, Assistant Vice President
	Division of Cornerations P.O. I	20v 63774	Tallahaa	200 El 37314