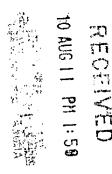
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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B. KOHR
AUG 1 1 2010

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE :

7788532

AUTHORIZATION

COST LIMIT

ORDER DATE: August 9, 2010

ORDER TIME : 10:51 AM

ORDER NO. : 472720-037

CUSTOMER NO: 7788532

CHANGE OF AGENT

NAME:

MHG OF GAINESVILLE, FLORIDA

#3, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

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. Name of the limited liability company:	MHG OF GAI	NESVILLE, FLORI	DA #3, LLC	
2. (a) Principal office address of limited li (Note: MUST BE STREET ADD)	ability company: <u>(RESS</u>)	402 Washington Str Gainesville, GA 305	reet, Suite 200	
(b) Mailing address of limited liability of the control of the con	company: BOX		OI ONG IN THE STORY OF CORE	
07/28/2005		и05000004214		
3. Date of filing/registration in Florida	4.	Document number		
5. (a) Registered Agent and Registered O	ffice shown on the	records of the Florida I	Dept. of State:	
Registered Agent:		CT Corporation System		
Registered Office Address:	<u>1</u>	200 South Pine Islar lantation, FL 33324	nd Rd,	
(b) Enter name of <u>NEW Registered Ag</u> <u>NEW</u> Registered Agent:		Registered Office addr	· · · · ·	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		201 Hays Street		
		allahassee	,FL_32301	
If the limited liability company is not organ that after the change or changes are made, to office of the registered agent will be identic hereby confirmed that the change(s) was/weliability company or as otherwise provided limited liability company. Signature of a member or authorized representative of a member of authorized representative of a member or authorized representative of a member of a member or authorized representative of a member of a membe	the Florida street actal. Or, in the case ere authorized by a in the articles of o	ddress of the registered of a Florida limited lial	office and the business bility company, it is	
Blanca Lozada, Authorized Person (Printed or typed name of signee)				
I hereby accept the appointment as register comply with the provisions of all statutes ream familiar with and accept the obligations F.S. Or, if this document is being filed to make the limited liability company has comporation Service Company (Signature of Registered Agent) Sylvia Queppet.		re to act in this capacity r and complete perform registered agent as pro nge in the registered of writing of this change.	e. I further agree to lance of my duties, and I yided for in Chapter 608, fice address, I hereby	

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