M05000005090

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

Office Use Only



800290935588

10/05/16--01011--005 **25.00

TO THE PHONE OF TH

of Maria



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#: 296684-327

Re: FREEDOM VILLAGE OF BRADENTON, 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.

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. N | ame of the limited liability company: FREEDOM VILI | LAGE O | F BRADEN | ITON, LLC | | |
|--|---|-------------------------------------|--|---|---|---------------------------------------|
| 2. (a) | 111 WESTWOOD PLACE SUITE 400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b |) | Mailing address of limited li (Note: MAY BE POST C | • | |
| | BRENTWOOD, TN 37027 | | | | , | |
| | 09/14/2005 | . | M050000 | 005090 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | CT CORPORATION SYSTEM | | | | | |
| | Registered Agent and Registered Office shown on the records of t | the Florida | Dept. of Sta | te: | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | _ | | | | |
| | | | | | | |
| | DI ANITATION | | | _ | | 4 |
| | PLANTATION , FL | 33324 | • | _ | <u>ن</u> ج | 10.00 10.00 11.11 |
| (b) | Corporation Service Company | | | | - | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office add | dress: | | က် | Sar T Ozda |
| | | | | | PA | |
| | 1201 Hays Street | | | | *** | 豪公 |
| | NEW Registered Office Address: | | | | <u> </u> | |
| | | | | _ | | 77 |
| | | | | | | |
| | Taliahassee , FL | 32301 | | | | |
| the cha agent was/w | imited liability company is not organized under the lavenge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the registability co of the lim | stered offic impany, it ited liabili | ce and the business office is hereby confirmed that ty company or as otherw | ce of the | e registered ange(s) |
| Sions | iture of a member or authorized representative of a member | Jill (| Cilmi, Auth | orized Person Printed or typed name of s | ianae | |
| I here provis the ob- to mer notifie | by 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 been accompanied to the change of this change with a change of Registered Agent Corporation Service Company | performi d for in C hereby co | ance of my Chapter 60 Onfirm that | pacity I further agree t | o comp ar with ment is mpany i | and accept being filed aas been |
| ~ | - Corporation Service Company | 21.0 | LI, IX. | ,, | | • |

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