## MDUDDDDWW

| (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



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05/14/15--01020--008 \*\*25.00

SECRETARY OF STORE DIVISION OF CONFORLATION

PA/20/01/8 00/5/50/15



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

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To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 12, 2015

Order#: 585943-280

Re: UNIVERSAL HEALTH CARE SENIOR DIVISION, 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: Lindsey Lockard 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                        | ame of the limited liability company: UNIVERSAL H  | EALTH  | CARE SENIC  | OR DIVISION LLC   |  |
|------------------------------|--|--|---|---|--|
| 2. (a)                       | 2650 McCormick Drive   | (  |   | AcCormick Drive   |  |
|                              | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | J   | (Note: MAY BE POST OFFICE BOX)  |  |
|                              | Suite 200S   |  | Suite 200   | 08  |  |
|                              | Clearwater, FL 33759   |  | Clearwat  | ter, FL 33759   |  |
|                              | 01/30/2006   | <u>.                                    </u> | M060000   | 000660  |  |
| 3.                           | Date of filing/registration in Florida   | 4.   |   | Document number   |  |
| 5. (a)                       | Nathan R Hightower, Esquire  |  |   | _   |  |
|                              | Registered Agent and Registered Office shown on the records of   | the Florie                                   | la Dept. of State                                   | e:  |  |
|                              | 2650 McCormick Drive   |  |   | <b>~3</b>   |  |
|                              | Registered Office Address (MUST BE FLORIDA STREET  | ADDRES                                       | <u>(S)</u>  | - SER   |  |
|                              | Suite 200S   |  |   | MAY OF TA   |  |
|                              | Clearwater , FI  | 3375   | 9   | 1 - RY 0 RY 0   |  |
| (b)                          | Corporation Service Company  |  |   | SECRETARY OF SIGNATION OF CORFORED IN 12: 1   |  |
| (-)                          | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | l Office a                                   | ddress:   | - 75 F  |  |
|                              | 1201 Hays Street   |  |   |   |  |
|                              | NEW Registered Office Address:   |  |   | -   |  |
|                              |  |  |   | _   |  |
|                              | <u>Tallahassee</u> , FI  | 3230   | 1   | _   |  |
| the cha<br>agent v<br>was/we | imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | f the reg<br>ability of<br>of the lin        | istered office<br>company, it is<br>mited liability | e and the business office of the registers<br>s hereby confirmed that the change(s)<br>by company or as otherwise provided in |  |
|                              |  |  | awson, Authorized Person                            |   |  |
| •                            | ture of a member or authorized representative of a member  |  |   | Printed or typed name of signee   |  |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. VP