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EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 472720

7788532

AUTHORIZATION C

COST LIMIT

ORDER DATE: August 9, 2010

ORDER TIME : 10:50 AM

ORDER NO. : 472720-036

CUSTOMER NO: 7788532

CHANGE OF AGENT

NAME: MHG OF FORT MYERS, 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 FORT MYERS, FLORIDA #3, LLC
2. (a) Principal office address of limited (Note: MUST BE STREET ADD	MHG OF FORT MYERS, FLORIDA #3, LLC liability company: 402 Washington Street, Suite 200 Gainesville, FL 30501 y company:
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	y company:
07/31/2006	M06000004211
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered	Office shown on the records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Rd Plantation, FL 33324
(b) Enter name of NEW Registered A	Agent and/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	
<u>(MUST BE FLORIDA STREET</u>	Tallahassee ,FL 32301
that after the change or changes are made office of the registered agent will be identified.	anized under the laws of the State of Florida, it is hereby confirmed to the Florida street address of the registered office and the business tical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited and in the articles of organization or the operating agreement of the
(Signature of a member or authorized representative of	a member)
Blanca Lozada, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as regis comply with the provisions of all statutes am familiar with and accept the obligation F.S. Or, if this document is being filed to confirm that the limited liability company Corporation Service Company By: (Signature of Registered Agent Sylvia Quepper	tered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, and I nes of my position as registered agent as provided for in Chapter 608, merely reflect a change in the registered office address, I hereby has been notified in writing of this change.

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