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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
	,	
(Document Number)		
Certified Copies	_ Certificates	of Status
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EXAMINER



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DEPARTMENT OF STATE





ACCOUNT NO. : I2000000195

REFERENCE :

062380

7396281

AUTHORIZATION

COST LIMIT

ORDER DATE: January 17, 2012

ORDER TIME : 9:11 AM

ORDER NO. : 062380-029

CUSTOMER NO: 7396281

CHANGE OF AGENT

NAME:

GLENBOROUGH OAKVIEW CENTER,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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 hoph, in the State of Florida

1. Name of the limited liability company: GLENBORO	UGH OA KVIEW CENTER, LLC 💢 😘	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	400 S. El Cámino Real Suite 1100 San Mateo, CA 94402-1708	
11/15/2006	M06000006319	
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:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	and the business are address of the registered office and the business are of a Florida limited liability company, it is by an affirmative vote of the members of the limited.	
Ann M. Schneider, Authorized Representative		
(Printed or typed name of signce)		

I hereby accept the appointment as registered agent and agree to act in this capacity. I fiather 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 608, 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 Grace E. Kirby, Assistant VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00