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(Address)				
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Y SULKER



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: September 30, 2016

Order#: 296677-090

Re: AHC STERLING HOUSE OF LEHIGH ACRES, 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.

<u>XX</u> 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. Na	ame of the limited liability company: AHC STERLIN	G HOUSE	OF LEHIG	H ACRES, LLC
2. (a)	111 WESTWOOD PLACE SUITE 400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BRENTWOOD, TN 37027			
	11/29/2006		M0600000	6602
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T CORPORATION SYSTEM			
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	PLANTATION , FI	33324		3
(b)	Corporation Service Company			£ 6
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1201 Hays Street	l Office add	ress:	16 OCT -4 AM
	NEW Registered Office Address:			
	Tallahassee , FI	32301		
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lieve aluthorized by an affirmative vote of the members of increase of organization or the operating agreement of the	f the regist lability con of the limi limited li	ered office npany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	tive of a member or authorized representative of a member		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and aging of all statutes relative to the proper and complete ligations of my position as registered agent as provide elyreflect a change in the registered office address, I din writing of this change.	performa ed for in C hereby co	nce of my a hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been by, Assistant Vice President
	Division of Corporations • P.O.	\		

FILING FEE: \$25.00