

MO7000005547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

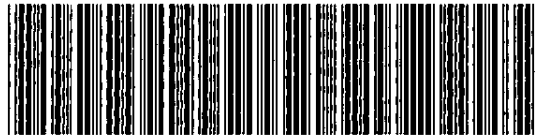
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900168727579

Change of RA
MO7-5547

900168727579
03/01/10--01042--016 **285.00

FILED
10 MAR -2 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

MAR 3 - 2010

EXAMINER

NATIONAL

Corporate Services, LLC

February 26, 2010

Division of Corporations
Florida Department of State
Clifton Building
P.O. Box 6327
Tallahassee, FL 32314

RE: Change of Registered Agent and Office

Dear Filing Officer:

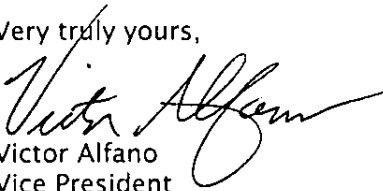
Please file the attached change of agent forms for the following entities:

1. Florida Preferred Care Health Facilities III, Inc.
2. Hacienda Care VI, L.P.
3. PCPMG, LLC
4. Pinnacle Health Facilities GP II, LLC
5. Pinnacle Health Facilities XXIII, L.P.
6. Pinnacle Health Facilities XXIV, L.P.
7. Pinnacle Health Properties VI, L.P.
8. Preferred Care Partners Management Group, L.P.
9. West Gables Facility, Inc.

Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,


Victor Alfano
Vice President

Encl.

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: Pinnacle Health Facilities GP II, LLC

2. (a) Principal office address of limited liability company: 5424 W. Plano Parkway

☒ (Note: **MUST BE STREET ADDRESS**) Plano, TX 75093

(b) Mailing address of limited liability company: 5424 W. Plano Parkway

☒ (Note: **MAY BE POST OFFICE BOX**) Plano, TX 75093

09/14/2007

3. Date of filing/registration in Florida

M07000005547

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Capitol Corporate Services, Inc.

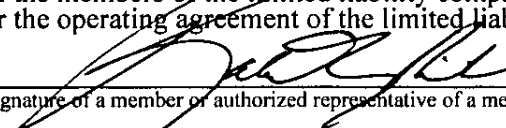
Registered Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
(MUST BE FLORIDA STREET ADDRESS) Weston, FL 33331

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Robert J. Riek, Manager

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 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.

by: 
Signature of Registered Agent Victor Alfano, Vice President

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

FILING FEE: \$25.00