## MO8000001454

| (Re                                     | equestor's Name)   |             |  |  |  |
|---|--------------------|-------------|--|--|--|
| (Ad                                     | ldress)            |             |  |  |  |
| (Ad                                     | ldress)            |             |  |  |  |
| (Cil                                    | ty/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |
| (Bu                                     | ısiness Entity Nan | ne)         |  |  |  |
| (Document Number)                       |                    |             |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |
|   |                    |             |  |  |  |
| :                                       |                    |             |  |  |  |
|   |                    |             |  |  |  |
|   |                    |             |  |  |  |

Office Use Only



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10/04/16--01037--007 \*\*25.00

OCT OF 2016 J. HARRIS



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#: 296677-118

Re: AHC TRAILSIDE, 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: Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

<u>XX</u> 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                              | me of the limited liability company: AHC TRAILSIDE  | E, LLC  |   |                        |
|-----------------|---------------------------------|---|---|---|------------------------|
| 2.              | (a)                             | 111 WESTWOOD PLACE SUITE 400  | (b)   |   |                        |
|                 | (-)                             | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (-)   | Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)  | •                      |
|                 |                                 | BRENTWOOD, TN 37027   |   |   |                        |
|                 |                                 | 03/26/2008  | M   | M08000001454  |                        |
| 3.              |                                 | Date of filing/registration in Florida  | 4.  | Document number   |                        |
| 5.              | (a)                             | C T CORPORATION SYSTEM  |   |   |                        |
| <i>3.</i> (     | (4)                             | Registered Agent and Registered Office shown on the records of the  | he Florida De   | Dept. of State:   |                        |
|                 |                                 | 1200 SOUTH PINE ISLAND ROAD   |   |   |                        |
|                 |                                 | Registered Office Address (MUST BE FLORIDA STREET A   | DDRESS)   | <del></del>   |                        |
|                 |                                 | PLANTATION , FL   | 33324   |   | ·<br>[.                |
|                 | (b)                             |   | 0.00  |   |                        |
|                 |                                 | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | Office addres   | C)  |                        |
|                 |                                 | 1201 Hays Street  |   |   | 55.<br>55.             |
|                 |                                 | NEW Registered Office Address:  |   | # 22  |                        |
|                 |                                 |   |   | <del></del>   |                        |
|                 |                                 | Tallahassee , FL  | 32301   |   |                        |
| the age was the | e cha<br>ent v<br>is/we<br>arti | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the further of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have | the register<br>bility comp<br>f the limited<br>limited liab<br>Jill Cilm | ered office and the business office of the reginpany, it is hereby confirmed that the change ed liability company or as otherwise provide ibility company.  Imi, Authorized Person  Printed or typed name of signee  In this capacity. I further garee to comply with | istered<br>(s)<br>d in |
| no              | путе                            | re of Registered Agent Corporation Service Company  |   | infirm that the limited liability company has $b$ ace E. Kirby, Assistant Vice President  | een                    |