

1108000003787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

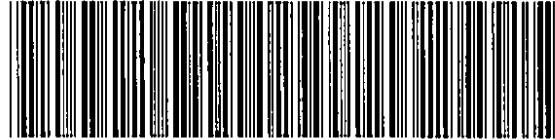
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/14/17--01033--018 \*\*212.50

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18 JAN -4 PM 2:55  
TALLAHASSEE, FLORIDA

2017 NOV 13 PM 1:21

S. WARREN

JAN 05 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2017

MATTHEW M. MAUDE  
RESORT LIFESTYLE COMMUNITIES  
8040 EIGER DRIVE  
LINCOLN, NE 68516

SUBJECT: SABAL GROVE RETIREMENT COMMUNITY LLC  
Ref. Number: M08000003787

We have received your document for SABAL GROVE RETIREMENT COMMUNITY LLC and your check(s) totaling \$267.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

NEED EITHER A CERTIFIED COPY OF THE NAME CHANGE AMENDMENT FILED IN HOME STATE OR A CERTIFICATE THAT LISTS BOTH THE OLD AND NEW NAMES

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 117A00025442



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2017

MATTHEW M MAUDE  
8040 EIGER DRIVE  
LINCOLN, NE 68516

SUBJECT: SABAL GROVE RETIREMENT COMMUNITY LLC  
Ref. Number: M08000003787

We have received your document for SABAL GROVE RETIREMENT COMMUNITY LLC and your check(s) totaling \$212.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 817A00023417

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sable Grove Retirement Community LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew M. Maude

Name of Person

Resort Lifestyle Communities

Firm/Company

8040 Eiger Drive

Address

Lincoln, NE 68516

City/State and Zip Code

mmaude@rlcommunities.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara Miller

Name of Person

at ( 402 ) 420-2311

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Sable Grove Retirement Community LLC

Enter new principal office address, if applicable: 8040 Eiger Drive

(Principal office address

MUST BE A STREET ADDRESS)

Lincoln, NE 68516

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M08000003787

3. Jurisdiction of its organization: Nebraska

4. Date authorized to do business in Florida: August 14, 2008

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Shell Harbor Retirement Community LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 605, 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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

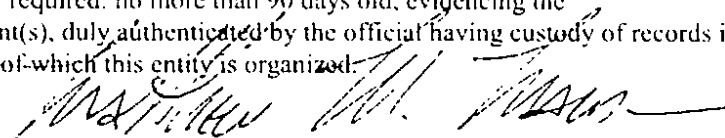
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Matthew M. Maude**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
18 JAN -1, PM 2:35  
CLERK OF DISTRICT COURT  
JAN 1 2018

# STATE OF NEBRASKA

United States of America,       } ss.  
State of Nebraska                }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the  
State of Nebraska, do hereby certify that

**SABAL GROVE RETIREMENT COMMUNITY LLC**  
a Limited Liability Company organized on August 12, 2008 filed an  
Amendment to the Certificate of Organization on November 3, 2017 changing  
the name of the company to

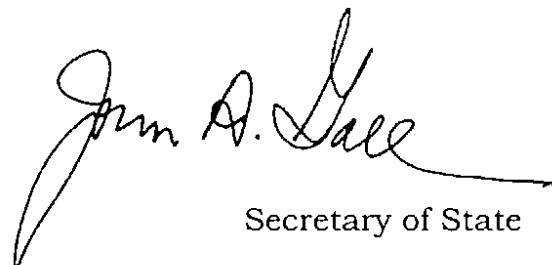
**SHELL HARBOR RETIREMENT COMMUNITY LLC**  
I further certify that attached is a true and correct copy of the above  
mentioned Amendment to the Certificate of Organization.

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,



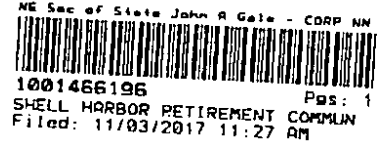
I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of  
**November 28, 2017**

  
Secretary of State

**AMENDED CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

Submit in Duplicate

John A. Gale, Secretary of State  
Room 1301 State Capitol, P.O. Box 94608  
Lincoln, NE 68509  
(402) 471-4079  
<http://www.sos.ne.gov>



Name of Limited Liability Company Sabal Grove Retirement Community LLC

Date Certificate of Organization was filed August 12, 2008

**Please mark the changes this amendment makes to the certificate as most recently amended or restated and provide the appropriate changes.**

☒ Name of Limited Liability Company Shell Harbor Retirement Community LLC

☐ Professional Service being rendered by the Limited Liability Company

☐ Street and mailing address of the Designated Office


☐ Name of Registered Agent

☐ Street, mailing address and post office box (if any) of Registered Agent

☐ Any other changes to the certificate of organization

(attach additional pages if needed)

Effective date if other than the date filed 10-24-17

	Matthew M. Maude	10-24-17
Signature of Authorized Representative	Printed Name of Authorized Representative	Date