

MO8000004878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

MO8-4878

(Document Number)

Certified Copies _____

Certificates of Status _____

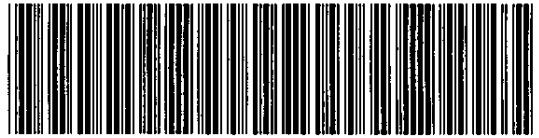
Special Instructions to Filing Officer:

A. LUNT

APR 19 2010

EXAMINER

Office Use Only



700171847587

03/22/10--01036--006. **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 16 PM 3:12

FILED



Miller-Valentine Group
4000 Miller-Valentine Court
Dayton, Ohio 45439-1487
P.O. Box 744
Dayton, Ohio 45401-0744
937-293-0900
937-299-1564 FAX
www.mvg.com



Writer's Direct Dial: 937-297-9364
tom.poulton@mvg.com

March 17, 2010

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, Florida 32314

Re: Brighton Bay Senior Living LLC
fka Wellgate Jacksonville LLC

Enclosed for filing is an Amendment to Application for Authorization to Transact Business in Florida. Also enclosed is the filing fee for the Amendment.

Thank you for your assistance.

Yours truly,

A handwritten signature in black ink, reading "Thomas M. Poulton".

Thomas M. Poulton
Corporate Counsel

TMP/hd
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2010

MILLER-VALENTINE GROUP
P.O. BOX 744
DAYTON, OH 45401-0744

SUBJECT: WELLGATE JACKSONVILLE LLC
Ref. Number: M08000004878

FILED
2010 APR 16 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for WELLGATE JACKSONVILLE LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

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.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 810A00007278



Miller-Valentine Group
9349 WaterStone Blvd.
Cincinnati, Ohio 45249
513-774-8400
513-683-6165 Fax

March 29, 2010

via Overnight Delivery

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

FILED
2010 APR 16 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Wellgate Jacksonville LLC name change to nka Brighton Bay Senior Living LLC

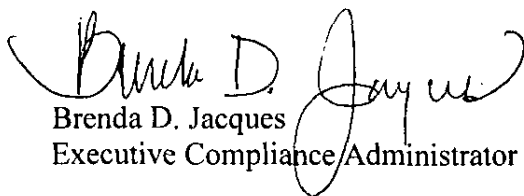
Dear Division of Corporations::

On March 29, 2010 I received your letter regarding the name change for Wellgate Jacksonville LLC. I have enclosed a Certificate of Good Standing, a copy of the Amended Articles of Organization reflecting the name change and the original Articles of Organization.

If there is any additional documentation that I can forward, please feel free to give me a call at 513 588-1223.

Sincerely,

MV Residential Development


Brenda D. Jacques
Executive Compliance Administrator

/bdj

Enclosures

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Wellgate Jacksonville LLC

2. Jurisdiction of its organization: Ohio

3. Date authorized to do business in Florida: November 4, 2008

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? September 30, 2009

5. New name of the limited liability company: Brighton Bay Senior Living LLC
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

N.A.

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

N.A.

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: Address of principal office: 9349 Waterstone Blvd, Cincinnati, OH 45249

Manager: Wellgate Communities LLC, 9349 Waterstone Blvd, Cincinnati, OH 45249

9. Attached is an original certificate, 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 a member or the authorized representative of a member

David R. Lette

Typed or printed name of signee


Filing Fee: \$25.00

2010 APR 16 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/01/2009	200927302198	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

BRIGHTON BAY SENIOR LIVING LLC
9349 WATERSTONE BLVD
CINCINNATI, OH 45249

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1811546**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BRIGHTON BAY SENIOR LIVING LLC

and, that said business records show the filing and recording of:

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200927302198

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 30th day of September,
A.D. 2009.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
 Central Ohio: (614) 486-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
<input type="radio"/> Expedite	PO Box 1380 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> Non Expedite	PO Box 1329 Columbus, OH 43216

**Domestic Limited Liability Company Certificate of
 Amendment or Restatement
 Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <u>10/8/2008</u> Date of Formation	(2) Domestic Limited Liability Company <input type="checkbox"/> Restatement (142-LRA) Date of Formation				
The undersigned authorized representative of: <table> <tr> <td><u>WELLGATE JACKSONVILLE LLC</u></td> <td><u>1811548</u></td> </tr> <tr> <td>Name of limited liability company</td> <td>Registration number</td> </tr> </table>		<u>WELLGATE JACKSONVILLE LLC</u>	<u>1811548</u>	Name of limited liability company	Registration number
<u>WELLGATE JACKSONVILLE LLC</u>	<u>1811548</u>				
Name of limited liability company	Registration number				

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

BRIGHTON BAY SENIOR LIVING LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd."

This limited liability company shall exist for a period of: _____
 Period of Existence

Purpose

☐ Check here if additional provisions are attached

REQUIRED
Must be (signed) by a
member, manager or
other representative.



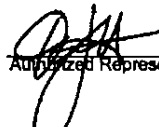
Authorized Representative

9/15/09

Date

Michael B. Green

Print Name



Authorized Representative

9/15/09

Date

David R. Liette

Print Name

Signature

Date

Print Name