M08000004939

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phon	e #)			
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(Business Entity Name)					
(Document Number)					
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LLC hamber of -11-14.



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: March 28, 2014

Order#: 072704-075

Re: CHR SPRING HILL 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: Evelyn Wright

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

14 APR -1 FM 4: 5

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant tc-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: CHR SPRING	G HILL	LLC
2. (a)	200 International Circle #3500 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Hunt Valley, MD 21030	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Hunt Valley, MD 21030
3.	11/07/2008 Date of filing/registration in Florida	<u>-</u> 4.	M08000004939 Document number
5. (a)	C T Corporaton System Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	·
(b)	Plantation , FL Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	_ 33324	70.1
			교 등 일 : 1
	Tallahassee , FI	<u>3230</u> ·	un `
the cha agent v was/we the arti	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 liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the line of a member or authorized representative of a member	f the regis lability co of the lim c limited li Dor	istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. ona Priebe, Authorized Person Printed or typed name of signee
provisi the obi to mer notified Corpo	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. Taking Service Company are of Registered Agent	ree to act : perform ed for in C hereby co	i in inis capacity. I juriner agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

By: Elizabeth A. Dawson, Asst. Vice President
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00