

M09 00000016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

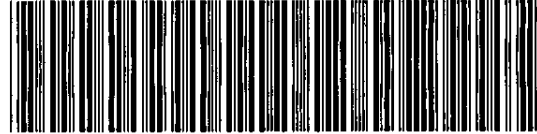
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400286463434

06/14/16--01021--017 **25.00

RECEIVED
DEPARTMENT OF STATE
16 JUN 13 PM 2:42

16 JUN 13 AM 7:06
U.S. DEPT OF STATE
MAIL ROOM/STATE CENTER

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

NHC-FL127, LLC**M09000000010**☐ Nonprofit☐ Foreign☒ **Amendment**☐ Merger☐ Limited Partnership☐ LLC☐ Dissolution/Withdrawal☐ Reinstatement☐ Annual Report☐ Name Registration☐ Mark☐ Other☐ Certified Copy☐ Fictitious Name☐ UCC☐ Call When Ready☒ Walk In☐ Mail Out☐ Photocopies☐ CUS☐ After 4:30☒ Pick Up

Name

Availability _____

Document

6/13/2016

Order#:

Examiner _____

10048442

Updater _____

KM

Verifier _____

Ref#:

W.P. Verifier _____

Amount: \$

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

NHC-FL127, LLC**M09000000010**☐ Nonprofit☐ Foreign☐ Limited Partnership☐ LLC☐ Certified Copy☐ Call When Ready☒ Walk In☐ Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

☒ Amendment☐ Dissolution/Withdrawal☐ Reinstatement☐ Annual Report☐ Name Registration☐ Fictitious Name☐ Photocopies☐ Call If Problem☐ Will Wait

6/13/2016

KM☐ Merger☐ Mark☐ Other☐ UCC☐ CUS☐ After 4:30☒ Pick Up

Order#:

10048442

Ref#:

Amount: \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NHC-FL127, 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:

Susan R. McMaster

Name of Person

Jaffe Raitt Heuer & Weiss PC

Firm/Company

27777 Franklin Road, Suite 2500

Address

Southfield, MI 48034

City/State and Zip Code

smcmaster@jaffelaw.com

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

For further information concerning this matter, please call:

Susan R. McMaster

at (²⁴⁸)

727-1485

Name of Person

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: NHC-FL127, LLC

Enter new principal office address, if applicable: 27777 Franklin Road, Suite 200

(Principal office address
MUST BE A STREET ADDRESS) Southfield, MI 48034

Enter new mailing address, if applicable: 27777 Franklin Road, Suite 200

(Mailing address
MAY BE A POST OFFICE BOX) Southfield, MI 48034

2. The Florida document number of this limited liability company is: M09000000010

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 31, 2008

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

5. New name of the limited liability company: _____
(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: National Registered Agents, Inc.

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

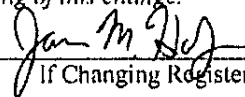
Plantation, Florida 33324

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.



James M. Halpin, Asst. Secretary

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:

Change in the Manager/Member of the LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carefree Property Mezz 1 LLC	27777 Franklin Road, Suite 200, Southfield, MI 48034	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	NRVC-Holding Co. LLC		<input type="checkbox"/> Add
		6991 E. Camelback Rd - Ste B-310, Scottsdale AZ 85251	<input checked="" 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

Susan R. McMaster, Authorized Agent

Type: or printed name of signee

Filing Fee: \$25.00