## MU900000 3875

(Requestor's Name)					
(Address)					
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(Cit	ry/State/Zip/Phone	<del>;</del> #)			
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2016 OCT -5 PM 4: 29

K. SALY OCT - 7 2016



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: October 3, 2016

Order#: 296684-399

Re: HORIZON BAY HP MANAGEMENT, L.L.C.

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

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

## 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	ame of the limited liability company: HORIZON BAY	HP MANA	GEMENT, L.L.C	
2. (a)	111 WESTWOOD PLACE SUITE 400  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	_	address of limited liability company:  MAY BE POST OFFICE BOX)
	BRENTWOOD, TN 37027	<del></del> ·		
	09/30/2009		M09000003875	
3.	Date of filing/registration in Florida	4.	Docum	nent number
5. (a)	C T CORPORATION SYSTEM			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del> </del>	~
				FSC SE
	PLANTATION ,FL	33324		2016 OCT -5 TALLAHASSI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>	SSN 5
(b)	Corporation Service Company			Fig. P
( )	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ess:	F100
				25 25
	1201 Hays Street			
	NEW Registered Office Address:			
	<b>—</b> 11.1	00004		
	Tallahassee , FL	32301_		
the cha agent v was/w	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 li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist ability cor of the limit	ered office and the pany, it is herebed and liability comp	ne business office of the registered y confirmed that the change(s)
	Xie & CiOnei	Jill C	lmi, Authorized P	
_	dure of a member or authorized representative of a member			or typed name of signee
provisi the obi to mer notifie	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 do now thing of this change.	performa d for in Ci hereby coi	ice of my duties, papter 605, F.S. ifirm that the lim	and I am familiar with and accept Or, if this document is being filed ited liability company has been
Signat	are of Registered Agent Corporation Service Company		•	ssistant Vice President
	Division of Corporations • P.O. I	Box 6327¢	Tallahassee, Fl	L 32314