MCACOCOSSA

(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:			
5			
JUL'2 1 2013 L. SELLERS			

Office Use Only



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07/18/13--01022--017 **25.00

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13 JUL 18 PH 4: 59
SECRETARY OF STATE.



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: July 16, 2013

Order#: 717956-051

Re: HOVSITE GREENWOOD MANOR 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

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: HOVSITE GF	REENWOOD MANOR LLC		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADD RESS)	any: 3601 Quantum Bouleva Boynton Beach FL 334	2: 3601 Quantum Boulevard Boynton Beach FL 33426	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3601 Quantum Bouleva Boynton Beach FL 334		
10/01/2009	M09000003894		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florid	da Dept. of State:	
Registered Agent:	NRAI Services, Inc	NRAI Services, Inc	
Registered Office Address:	1200 South Pine Island Plantation FL 33324	1200 South Pine Island Road Plantation FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>			
NEW Registered Agent:	Corporation Service Co	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	.FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of entical. Or, in the case of e(s) was/were authorized b wise provided in the artic	the registered office a Florida limited	
Signature of a member or authorized representative of a member			
Dona Priebe, Authorized Person Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capa proper and complete per position as registered age merely reflect a change in any has been notified in w	city. I further agree to cormance of my duties, ent as provided for in the registered office writing of this change.	
By:		<i>></i>	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Corporation Service Company April Hudson, Asst VP

Signature of Registered Agent