M11000000788

				
(Reque	stor's Name)			
·				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
Special metacons to 1 ming emean				
!				

Office Use Only



200250210962

08/16/13--01027--008 **25.00

FOR INC. AM ID: 36
SECRE WAY OF STATE
JALLAHASSEE, FLORIDA



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: August 14, 2013

Order#: 752283-315

Re: WHITE OAK ASSISTED LIVING 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: Vera M. Norris

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

13 AUG 16 AM ID: 36
SECREPARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BETH 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.	Nar	ne of the limited liability company: WHITE OAK ASSISTED	LIVING L.L.C.		
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 450 S Orange Ave Orlando, FL 32801		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
0.5	1466	2044	N44400000709		
_	2/16/2 Dat		M11000000788 4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	Linda A Scarcelli		
		Registered Office Address:	450 S Orange Ave Orlando, FL 32801		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address Corporation Service Company 1201 Hays Street Tallahassee		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member					
I co ar Ci ac B	inted here mply d I d hapte ldres y:	Priebe, Authorized Representative or typed name of signee by accept the appointment as registered agent and a y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or if this document is being filed to me es, I hereby confirm that the limited liability company re of Registered Agent Corporation Service Company	– gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (05/08)

Grace Kirby, Asst VP