

M11000000793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP - 5 2013

T. HAMPTON



CORPORATION SERVICE COMPANY

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#: 752283-149

Re: SENIOR LIVING MEZZ E, 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: 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



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2711 Centerville Road  
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09.03.13 - CORRECTED DOCUMENT

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QUCA.XCOA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 SEP -4 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 19, 2013

CORPORATION SERVICE COMPANY  
ATTN: VERA M NORRIS  
2711 CENTERVILLE RD - STE 400  
WILMINGTON, DE 19808

SUBJECT: SENIOR LIVING MEZZ E, LLC  
Ref. Number: M11000000793

We have received your document for SENIOR LIVING MEZZ E, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 513A00019762

**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: SENIOR LIVING MEZZ E, LLC

2. (a) Principal office address of limited liability company: 450 S Orange Ave  
(Note: **MUST BE STREET ADDRESS**) Orlando, FL 32801

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

02/16/2011

M11000000793

3. Date of filing/registration in Florida

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 **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: 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 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]  
Signature of a member or authorized representative of a member

Dona Priebe, Authorized Representative  
Printed or typed name of signer

*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 608, 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.*

By: Grace Kirby  
Signature of Registered Agent Corporation Service Company

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

Grace Kirby, Asst VP

**FILING FEE: \$25.00**

FILED  
13 SEP -4 PM 2:11  
TALLAHASSEE, FLORIDA