## - M1/000000 8/8

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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08/16/13--01024--018 \*\*25.00

SECKETARY OF STATE AND AMASSEE, FLORID.

N. Gustgen AUG 1 9 2013



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#: 752283-166

Re: SUNRISE FLOSSMOOR 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

## 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: 5	SUNRISE FLOSSMOOR ASSISTED LIVING, L.L.C.	
2. (a) Principal office address of limited lia (Note: MUST BE STREET ADDR		SECRET
(b) Mailing address of limited liability con (Note: MAY BE POST OFFICE B	ompany:	ASSE OF S
02/16/2011	M1100000818	OR IN
3. Date of filing/registration in Florida	4. Document number	DA T
· / •	fice shown on the records of the Florida Dept Amy J Patterson	. of State:
Registered Agent: Registered Office Address:	450 S Orange Ave Orlando, FL 32801	
(b) Enter name of NEW Registered Age	ent and/or NEW Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET AL	DDRESS) 1201 Hays Street	
	Tallahassee	,FL <u>32301</u>
confirmed that after the change or changes a		stered office
Dona Priebe, Authorized Representative Printed or typed name of signee		
I hereby accept the appointment as register comply with the provisions of all statules reland I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is be address, I hereby confirm that the limited liable.	red agent and agree to act in this capacity. If lative to the proper and complete performanc ations of my position as registered agent as pa eing filed to merely reflect a change in the reg ability company has been notified in writing o	further agree to e of my duties, rovided for in histered office of this change.
Signature of Registered Agent Corporation Service	ce Company	
Division of Corporation	is, P.O. Box 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00**