M11000000825

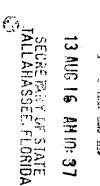
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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08/16/13--01024--007 **25.00





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#: 752283-143

Re: SENIOR LIVING MEZZ B, 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

13 AUG 16 AM IO: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 LIV	/ING MEZZ B, LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 450 S Orange Ave Orlando, FL 32801	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
02/16/2011	M11000000825	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	ia Dept. of State:
Registered Agent:	Amy J Patterson	 -
Registered Office Address:	450 S Orange Ave Orlando, FL 32801	
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office ac	<u>ldress</u> :
NEW Registered Agent:	Corporation Service Cor	mpany
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability 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. Signature of a member or authorized representative of a member	ne Florida street address of t dentical. Or, in the case of a ge(s) was/were authorized by erwise provided in the article	the registered office
Dona Priebe, Authorized Representative		
Printed or typed name of signee I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com By: Signature of Registered Agent Corporation Service Company		city I further agree to crity I further agree to crimpice of my duties, and as provided for in the registered office riting of this change.
Division of Corporations, P.O. Bo	x 6327, Tallahassee, FL 3	2314

FILING FEE: \$25.00