## M110000000829

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SECRETARY OF STATE

N. Culligan AUG 1 6 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 13, 2013

Order#: 752283-015

Re: CANOGA PARK 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: CANOGA PA	RK ASSISTED LIVING L.L.C.	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 450 S Orange Ave Orlando, FL 32801	<u> </u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		IS AUG 15
		Fig. 3
02/16/2011	M11000000829	
3. Date of filing/registration in Florida	4. Document number	ROA ROA
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida D	ept. of State:
Registered Agent:	Amy J Patterson	
Registered Office Address:	450 S Orange Ave	
	Orlando, FL 32801	
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Compa	ny
	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 id 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  Dona Priebe, Authorized Representative  Printed or typed name of signee  I hereby accept the appointment as registered agent and 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 By:	e Florida street address of the rentical. Or, in the case of a Flecs) was/were authorized by an wise provided in the articles of the articles are articles of the articles of	registered office orida limited affirmative vote of forganization or affirmative vote of forganization or ance of my duties, is provided for in registered office
Signature of Registered Agent Corporation Service Company		
Division of Corporations, P.O. Box	6327, Tallahassee, FL 3231	4

**FILING FEE: \$25.00** 

Grace Kirby, Asst VP

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