(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:					

Office Use Only



600250211006

08/16/13--01027--012 **25.00

2013 AUG 16 AM 8: 25

J. SAULSBERRY **EXAMINER**

AUG 19 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#: 752283-308

Re: SUNRISE WAKE COUNTY NC SENIOR LIVING, 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

2813 NUS 16 AH 8+25

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. Na	me of the limited liability company: SUNRISE WAKE COUN	TY NC SENIOR LIVING, LLC		
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)			
10/24/		M11000005327		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept	of S	tate:
	Registered Agent:	Amy J Patterson -	-	2
	Registered Office Address:	450 S Orange Ave	. ;ì	<u></u>
		Orlando, FL 32801	 	5
			i du.	5
(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office address		Z
	NEW Registered Agent:	Corporation Service Company	<u> 32</u>	_ ು
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	.,	
	MOST BE TECHTOTICE! TO DRESSY	Tallahassee	_,FL <u>3</u>	2301
and the liability the me	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the regi	stered la lim	l office ited
Signatur	e of a member or duthorized representative of a member			
	Priebe, Authorized Representative or typed name of signee	-		
By:	by accept the appointment as registered agent and agent the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my poster 608, F.S. Or, if this document is being filed to mer is a line of the confirm that the limited liability company of the first of Registered Agent Corporation Service Company	ree to act in this capacity. I per and complete performancition as registered agent as pely reflect a change in the reghas been notified in writing o	further e of m rovide sistere f this	r agree to ry duties, rd for in d office change.
	re of Registered Agent Corporation Service Company			

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

Grace Kirby, Asst VP FILING FEE: \$25.00