

# **M/200000275**

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Florida Department of State  
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From: Account Name : CNL FINANCIAL GROUP, INC.  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CPT CASPER WY SENIOR LIVING, LLC

Certificate of Status	0
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K. SALY  
 EXAMINER  
 APR 10 2013

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

- 1. Name of limited liability company as it appears on the records of the Florida Department of State: CPT Casper WY Senior Living, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: January 17, 2012

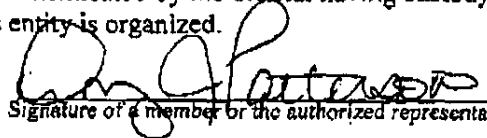
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**SECTION II (4-7 complete only the applicable changes)**

- 4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? February 9, 2012
- 5. New name of the limited liability company: CHT Casper WY Senior Living, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

- 6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
- 8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:  
\_\_\_\_\_
- 9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Amy J. Patterson  
Typed or printed name of signee

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "CMT CASPER WY SENIOR LIVING, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE SIXTH DAY OF JANUARY, A.D. 2012, AT 7:12 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CPT CASPER WY SENIOR LIVING, LLC" TO "CMT CASPER WY SENIOR LIVING, LLC", FILED THE NINTH DAY OF FEBRUARY, A.D. 2012, AT 12:24 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "CMT CASPER WY SENIOR LIVING, LLC".

5092165 8100H

120160008

You may verify this certificate online at [corp.delaware.gov/authver.html](http://corp.delaware.gov/authver.html)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9360702

DATE: 02-13-12

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:24 PM 02/09/2012  
FILED 12:24 PM 02/09/2012  
SRV 120143376 - 5092165 FILE

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
CPT CASPER WY SENIOR LIVING, LLC**

**FIRST.** The name of the limited liability company is CPT CASPER WY SENIOR LIVING, LLC (the "Company").

**SECOND.** Article 1 of the Certificate of Formation of the Company, filed on January 6, 2012 in the Office of the Secretary of State of the State of Delaware, shall be amended as follows:

The name of the Company shall be: CHT Casper WY Senior Living, LLC

IN WITNESS WHEREOF, the undersigned Authorized Person of the Company has executed this Certificate of Amendment to Certificate of Formation this 9th day of February, 2012.

By: /S/ AMY J. PATTERSON  
Name: Amy J. Patterson  
Title: Authorized Person