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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone : (407)650-1000

Fax Number

: (407)540-2699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

APR -9

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CPT MANSFIELD OH SENIOR LIVING, LLC

| Certificate of Status | 0 |
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J. SAULSBERRY EXAMINER

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HelpAPR 1 0 2013

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT 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 Manafield OH Senior Living, LLC |
|----|--|
| 2. | Jurisdiction of its organization: Delaware |
| 3. | Date authorized to do business in Florida: January 17, 2012 |
| | SECTION II (4-7 complete only the applicable changes) |
| | 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 Mansfield OH Senior Living LLC (must end with "Limited Liability Company, ""LL.C" or T.J.C.) |
| Fl | name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") If the amendment changes the period of duration, indicate new period of duration: |
| 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 Typed or printed name of signee |

Filing Fee: \$25.00

Delaware

98/25

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 "CHT MANSFIELD ON 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 7:16 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CPT

MANSFIELD OH SENIOR LIVING, LLC" TO "CHT MANSFIELD OH SENIOR

LIVING, LLC", FILED THE NINTH DAY OF FEBRUARY, A.D. 2012, AT

12:25 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, "CHT MANSFIELD ON SENIOR"

LIVING, LLC".

2013 APR 09 AM 8: 22

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120160021

You may verify this certificate online at corp.dolawore.gov/authvor.ehtml Jeffey W. Bullock, Secretary of State

DATE: 02-13-12

State of Delaware Secretary of State Division of Corporations Delivered 12:25 PM 02/09/2012 FILED 12:25 PM 02/09/2012 SRV 120143410 - 5092172 FILE

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

CPT MANSFIELD OH SENIOR LIVING, LLC

FIRST. The name of the limited liability company is CPT MANSFIELD OH 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 Mansfield OH 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: AS AMY I. PATTERSON
Name: Amy J. Patterson
Title: Authorized Person

ORATE

ORATE