M12000003759

(Requ	uestor's Name)	_
(Addı	ess)	
(Add	ress)	
(City)	State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		-

Office Use Only



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08/15/13--01018--022 **25.00

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TAUG 16 2013 D. BRUCE



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#: 752283-114

Re: GILBERT AZ SENIOR LIVING OWNER, 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



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: GILBER	T AZ SENIOR LIVING OWNER, LL	<u>.C</u>		
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	ompany: 450 S Orange Ave Orlando, FL 32801	7: 450 S Orange Ave Orlando, FL 32801		
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	7:			
07/03/2012	M12000003759			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida			
Registered Agent:	Amy J Patterson	55,		
Registered Office Address:	450 S Orange Ave Orlando, FL 32801	AUG IS PH		
(b) Enter name of NEW Registered Agent and	or NEW Registered Office add	dress F		
NEW Registered Agent:	Corporation Service Com	npany \$ 55		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRES	1201 Hays Street	41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
-	Tallahassee	,FL <u>32301</u>		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.	e, the Florida street address of the identical. Or, in the case of a lange(s) was/were authorized by otherwise provided in the article.	ne registered office Florida limited an affirmative vote of		
Dona Priebe, Authorized Representative		•		
Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address. I hereby confirm that the limited liability of By: Signature of Registered Agent Corporation Service Com	_	ity. I further agree to mance of my duties, t as provided for in he registered office iting of this change.		
Division of Corporations, P.O.	•	314		

FILING FEE: \$25.00

INHS18 (05/08)