M12000003896

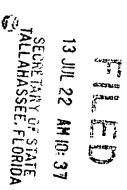
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000249729370

07/22/13--01019--003 **25.00





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-043

Re: AP2012-OAKS OF KISSIMMEE, 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: Evelyn Wright

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

13 JUL 22 AH IO: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: AP2012-OAKS	OF KISSIMMEE, LLC		
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 4 Red Oak Lane, Suite 201 White Plains, NY 10604		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4 Red Oak Lane, Suite 201 White Plains, NY 10604		
07/10/2012	M12000003896		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida D	ept. of Sta	ite:
Registered Agent:	Capitol Corporate Services	"Inc.	· · · · · · · · · · · · · · · · · · ·
Registered Office Address:	155 Office Plaza Dr., Suite Tallahassee, FL 32301	SECRE SECRE	· · · · · · · · · · · · · · · · · · ·
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addr	ASSEST OF)
NEW Registered Agent:	Corporation Service Compa	ark S	5 (Committee
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	NO.	
	Tallahassee	,FL_32	2301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the stical. Or, in the case of a Fl. was/were authorized by ar	registered lorida limit n affirmativ	office ted ve vote of
Dona Priebe, Authorized Person 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 provisions of all statutes relative to the provision of any part of the obligations of my part of the configuration of the company	agree to act in this capacity roper and complete perform osition as registered agent o erely reflect a change in the ny has been notified in writi	. I further cance of my is provided registered ng of this c	agree to y duties, d for in d office change.
Signature of Pagistared Agent			

Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00