Paramen 1

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name))
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



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05/19/14--01035--009 **25.00

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MAY 3 0 2014

R. WHITE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes aholmes1@cscinfo.com

Date: May 15, 2014

Order#: 125421-015

Re: SNF TRS 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: Anthony Holmes 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 605.0114 or 605.0116, 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.

2. (a)	Carefree Communities, Inc.	(b)	Carefree Communities, Inc.	
``	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	6991 E. Camelback Road, Suite B-310	6	6991 E. Camelback Road, Suite B-310	
	Scottsdale, AZ 85251		Scottsdale, AZ 85251	
	06/26/2013	M	13000004089	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
(-)	Registered Agent and Registered Office shown on the records	of the Florida Dep	pt. of State:	
	C T Corporation System			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	1200 South Pine Island Road			
	Plantation ,	FL <u>33324</u>		
(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addres		
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee	FL 32301		
the changent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the paid Napp.	of the register liability comp s of the limited he limited liab	ed office and the business office of the registere bany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.	
	David Napp ignature of a member or authorized representative of a member		David Napp, CEO/Authorized Person Printed or typed name of signee	
I here provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and completing at the proper and completing agent as provimely reflect a change in the registered office address, a inwriting of this change.	ete performanc ded för in Cha	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00