

12/26/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2018 DEC 27 PM 1:32
 FILED
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOMINION SENIOR LIVING OF SANTA ROSA BEACH, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

S. PRATHER

2018 DEC 27 AM 9:02

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Dominion Senior Living of Santa Rosa Beach, LLC

Enter new principal office address, if applicable: 1000 Legions Place, Suite 1600

(Principal office address)
MUST BE A STREET ADDRESS

Orlando, Florida 32801

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

1000 Legions Place, Suite 1600

Orlando, Florida 32801

2. The Florida document number of this limited liability company is: M13000006497

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/14/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Santa Rosa FL Senior Property LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

n/a

(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 contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida

33324

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Madonna Cuddihy
Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:


n/a

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

n/a

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Santa Rosa FL Senior Holdings LLC</u>	<u>1000 Legion Place, Suite 1600</u>	<input type="checkbox"/> Add
		<u>Orlando, Florida 32801</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

Phillip M. Anderson, Manager

Typed or printed name of signee

Phillip M. Anderson, Manager

Filing Fee: \$25.00

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DOMINION SENIOR
LIVING OF SANTA ROSA BEACH, LLC", FILED A CERTIFICATE OF
AMENDMENT, CHANGING ITS NAME TO "SANTA ROSA FL SENIOR PROPERTY
LLC" ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2018, AT 2:26
O'CLOCK P.M.



5382773 8320
SR# 20188359335

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204177320
Date: 12-26-18