

9/13/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000275292 3)))



H190002752923ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

****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
SOMERBY SENIOR LIVING SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	09
Estimated Charge	\$55.00

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: Somerby Senior Living Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000006922

3. Jurisdiction of its organization: Alabama

4. Date authorized to do business in Florida: 10/29/2013

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

5. New name of the limited liability company: Bridge Senior Living LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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," "L.L.C.," 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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.

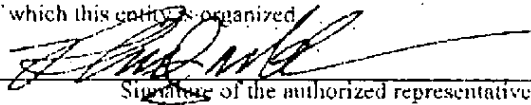
If Changing Registered Agent, Signature of New Registered Agent

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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 of the Manager

Typed or printed name of signee

Filing Fee: \$25.00

19 SEP 13 PM 10:30
F.L. 111
JAMES TANKS III
MANAGER OF THE MANAGER
16144554862

John H. Merrill
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

as appears on file and of record in this office, the pages hereto attached, contain a
true, accurate, and literal copy of the Articles of Amendment filed on behalf of
Bridge Senior Living LLC, as received and filed in the Office of the Secretary of
State on 09/12/2019.

FILED
19 SEP 13 PM 10:30
JAMES TANKS III
16144554862



20190913000012848

In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

09/13/2019

Date

A handwritten signature in black ink, appearing to read 'J. H. Merrill', is written over a horizontal line.

John H. Merrill

Secretary of State

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT

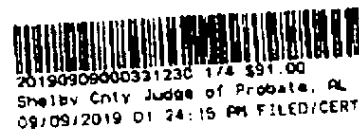
PURPOSE: In order to amend a Limited Liability Company's (LLC) Certificate of Formation under Section 10A-5A-2.02 of the Code of Alabama 1975 this Amendment and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the LLC was initially formed.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fee to the Office of the Judge of Probate in the county where the LLC's Certificate of Formation was recorded. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$50.00 for standard processing (based on date of receipt and volume) or \$150.00 for expedited processing (within 24 hours after receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).

I certify this to be a true and correct copy James S. Tanks

Date 9/9/19 Probate Judge
Shelby County

pages 1
Initial JN



(For County Probate Office Use Only)

This form must be typed or laser printed.

1. The name of the Limited Liability Company from the Certificate of Formation:

Somerby Senior Living Services, LLC

2. The date the Certificate of Formation was filed in the county: 08 / 06 / 2004 (format MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000): 454 - 100 **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at www.sos.alabama.gov, click Business Services (below picture), click on Business Entity Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity - this verification step is strongly recommended.

This form was prepared by: (type name and full address)

Maggie Mathwich
Bridge Seniors Housing
1000 Legion Place, Suite 1600
Orlando, Florida 32801

RECEIVED DATE

SEP 12 2019

SECRETARY OF STATE
OF ALABAMA
page 1 of 2

DLLC Amendment - 01/2019

(For SOS Use Only)

Alabama
Sec. Of State

Entity Change	DLL
454-100	
Date	9/12/2019
Time	11:50
190912	4 Pg
File	\$50.00
Ackn	\$0.00
Exp	\$0.00
Total	\$50.00

09/09/2019

DOMESTIC LIMITED LIABILITY COMPANY AMENDMENT

4. The titles, dates, and places of filing of any previous Amendments: See attached documents.

Attach a listing if necessary.

(Instruction on Amendment completion: Be very specific about what must be changed if you are amending existing information. If the amendment includes a name change, a copy of the Name Reservation form issued by the Office of Secretary of State must be attached.

Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). You may file the information as a Amendment also, but the change form must be on file with the Secretary of State per 10A-1-3.12(a)(2) to effect the change in the public records database.)

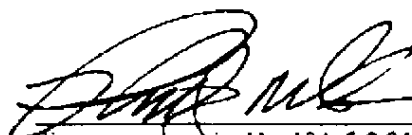
5. The following amendment was adopted on 09 / 06 / 2019 (format MM/DD/YYYY):

The name of the limited liability company is changing. The new name is Bridge Senior Living LLC

☐ Additional Amendments and the dates on which they were adopted are attached.

6. The undersigned authorized signature certifies that the amendment or amendments have been approved in the manner required by Title 10A of the *Code of Alabama* of 1975 and the governing documents of this entity.


09 / 06 / 2019
Date (MM/DD/YYYY)


Signature as required by 10A-5-2.04

Phillip M. Anderson
Typed Name of Above Signature

Manager of the sole Member
Typed Title/Capacity to Sign under 10A-5-2.04

LLC Amendment - 01/2019


20190909000331230
Shelby County Judge of Probate, AL
09/09/2019 01:24:15 PM FILED/CERT

This to be a true and
correct copy James S. Boyd
Probate Judge
Shelby County

Date 9/9/19
pages 4
Initial JB

8/6/2004 - Articles of Formation filed with Secretary of State of Alabama and Shelby County Probate Court

3/20/2006 - Member Change filed with the Secretary of State of Alabama and Shelby County Probate Court

3/20/2006 - Name Change filed with the Secretary of State of Alabama and Shelby County Probate Court

3/24/2006 - Registered Agent Change filed with the Secretary of State of Alabama and Shelby County Probate Court

7/2/2010 - Name Change filed with the Secretary of State of Alabama and Shelby County Probate Court

12/27/2018 - Registered Agent Change filed with the Secretary of State of Alabama

20190909000331238 3/4 \$01.00
Shelby Cnty Judge of Probate, AL
09/09/2019 01:24:15 PM FILED/CERT

FILED
19 SEP 13 PM 10:32
CLERK OF PROBATE
SHELBY COUNTY, ALABAMA

I certify this to be a true and correct copy James S. Tanks III
Date 9/9/19 Probate Judge
pages 4 Shelby County
Initial JS

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Bridge Senior Living LLC

This name reservation is for the exclusive use of Somerby Senior Living Services, LLC, 1000 Legion Place, Suite 1600, Orlando, FL 32801 for a period of one year beginning August 23, 2019 and expiring August 23, 2020

201909000331230 474 \$91.00
Shelby County Judge of Probate, AL
09/09/2019 01:24:15 PM FILED/CERT

Entity Change DLT
454-160
Date 9/12/2019
Time 11:58
190912 4 pg
File \$50.00
Ackn \$1.00
Exp \$1.00
Total \$50.00



RES852260

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

August 23, 2019

Date

John H. Merrill

J. H. Merrill

I certify this to be a true and

correct copy of the original.

Secretary of State
Date 9/9/19
Shelby County Probate Judge

Initial *oh*

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Bridge Senior Living LLC was
formed in Shelby County, Alabama on August 6, 2004. The Alabama Entity
Identification number for this entity is 454-100. I further certify that the records do
not disclose that said entity has been dissolved, cancelled or terminated.



**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

09/13/2019

Date

A handwritten signature in cursive script, reading "J. H. Merrill".

20190913000012620

John H. Merrill

Secretary of State