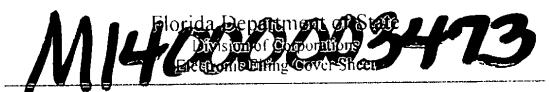
3/23/2020

Division of Corporations



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(((H20000091193 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone 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:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CCRC - REGENCY OAKS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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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)

 Name of limited liability Company as it appear 	rs on the records of the Florida Department of
State: CCRC - Regency Oaks, LLC	
Enter new principal office address, if applicable:	1920 Main Street, Suite 1200
(Principal office address	Irvine, CA 92614
MUST BE A STREET ADDRESS)	1920 Main Street, Suite 1200
	HAM
Enter new mailing address, if applicable:	1920 Main Street, Suite 1200
(Mailing address MAY BE A POST OFFICE BOX)	Irvine, CA 92614
	=======================================
2. The Florida document number of this limited lia	ability company is: M14000003473
4. Date authorized to do business in Florida: $\frac{05/2}{2}$	21/2014
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (must	ist contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate nameC." or "LLC.")
6. If amending the registered agent and/or registered agent and/or the new registered office a	ered officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
_	City . Florida Zip Code
the provisions of all statutes relative to the prope	gent and agree to act in this capacity. I firmer agree to comply who er and complete performance of my duties, and I am familiar with istered agent as provided for in Chapter 605, F.S. Or, if this ge in the registered office address, I hereby confirm that the limited
- 1 î	Changing Registered Agent. Signature of New Registered Agent

-	808-BF97-4086-B864-1092665EBB28 ment changes the jurisdiction of orga	nization, indicate new jurisdiction:	
8. If the amend	ment changes person, title or capacity	in accordance with 605.0902(1)(e), indic	rate that change:
Title/ Capacity	Name	Address	Type of A
President	Jeffrey II, Miller	1920 Main Street, Suite 1200	E
		Irvine, CA 92614	OI
MGRM CCRC OpC	CCRC OpCo Ventures, LLC *	1920 Main Street, Suite 1200	
	*Address apdate only	Irvine, CA 92614	
			AT A DANGER
			711/VIE
_			

jurisdiction under the law of which this entity is organized.

Jeffrey Miller

-20048199799434 Signature of the authorized representative

Jeffrey H. Miller, President and CEO

Typed or printed name of signee

Filing Fee: \$25.00