

m15000000489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

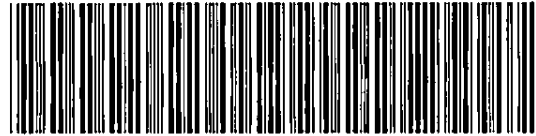
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/01/17--01004--012 **55.00

17 SEP -1 AM 11:04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 05 2017

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9/1/17



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Amend

1.

Sumter Place Owner, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sumter Place Owner, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. David Selznick

Name of Person

1550 Killingsworth Way Senior Housing I PROPCO, LLC

Firm/Company

One Town Center Rd., Suite 300

Address

Boca Raton, FL 33486

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S. David Selznick at (561) 300-6263
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**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: Sumter Place Owner, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

One Town Center Rd., Suite 300, Boca Raton, FL 33486

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

One Town Center Rd., Suite 300, Boca Raton, FL 33486

2. The Florida document number of this limited liability company is: M15000000489

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/20/2015

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

5. New name of the limited liability company: 1550 Killingsworth Way Senior Housing I PROPCO, 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: National Registered Agents, Inc.

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida

33324

City

Zip

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.

DOANNE CAWELL
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

N/A

<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
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_____	_____	_____	<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

S. David Selznick, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

FILED
17 SEP - 1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, 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 "SUMTER PLACE OWNER, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "1550 KILLINGSWORTH WAY SENIOR HOUSING I PROPCO, LLC" ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2017, AT 3:24 O'CLOCK P.M.



5635675 8320
SR# 20175979171

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: 203153060
Date: 08-31-17