M1500000 1007

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| | | | | | | | |
| (Address) | | | | | | | |
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| (Address) | | | | | | | |
| | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| | | | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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OCT 0 5 2016 S. YOUNG 16 OCT -4 PM 2: 4

SEGRETARY OF STATE
TALLAHASSEE. FLORIDA



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: September 30, 2016

Order#: 296682-301

Re: BROOKDALE EMPLOYEE SERVICES, 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: Mary Rivers

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

TALL AHASSEE, FLORIDA 16 OCT -4 PH 2: 45

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.

| 1. | Na | me of the limited liability company: | BROOKDALE E | MPLOYE | E SERVIC | ES, LLC | |
|-----------------|--|--|---|--|---|--|---|
| 2. | (a) | Principal office address of limited lie (Note: MUST BE STREET A | ability company: | _ (b) | | failing address of limited liability c | |
| | | BRENTWOOD, TN | 37027 | | | | |
| | | 02/09/2015 | | · <u>·</u> | M1500000 | | |
| 3. | | Date of filing/registration in | n Florida | 4. | | Document number | |
| 5. | (a) | C T CORPORATION SYSTEM | | | | | |
| | | Registered Agent and Registered Office shown on the records of the Florida Dept. of State | | | | • | 3 22 |
| | | 1200 SOUTH PINE ISLAND ROAD | | | | ç | 3 2 |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | • | 1 200 |
| | | | | | | | |
| | | PLANTATION | , FL_ | 33324 | | | PM 2: 45 |
| | (b) | Corporation Service Company | | | | | 1 |
| | (b) | Enter name of NEW Registered Agent and | or NEW Registered (| Office add | ress: | | |
| | | | | | | | |
| | | 1201 Hays Street | | | | | |
| | | NEW Registered Office Address: | | | | | |
| | | <u> </u> | | | | | |
| | | | | | | | |
| | | Tallahassee | , FL_ | 32301 | | | |
| the ag wa | e cha ent v as/we | mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating | street address of the Florida limited liate of the members of the | the regist bility cor f the limi imited lia | ered office npany, it is ted liability ability com | and the business office of the hereby confirmed that the cly company or as otherwise pr | e registered nange(s) |
| | Signat | ture of a member or authorized representative | of a member | 3111 C | iiiii, Adiiio | Printed or typed name of signee | |
| I protection to | herei ovisi e obl mere otified | by accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change. The of Registered Agent Corporation Ser | red agent and agre per and complete p agent as provided office address, I h | performa I for in Ci ereby coi | nce of my o hapter 605 nfirm that l | ncity. I further agree to comp duties, and I am familiar with F.S. Or, if this document is he limited liability company by, Assistant Vice Preside | i and accept being filed has been |
| | | - | | | | | |

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