## Division of Corporations **Electronic Filing Cover Sheet**

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## LLC REGISTERED AGENT CHANGE OHI ASSET (FL) LUTZ, LLC

Certificate of Status	0
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Page Count	02
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T. HARTS

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## 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. N	ame of the limited liability company: OHI ASSET (	FL) LUT2	, LL	C						
2. (a)	200 International Circle #3500, Hunt Valley, MD 21030	) 	(b)	200 Internation	al Circle #3500	, Hunt Valley, MD 21030				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				_	ited liability company: OST OFFICE BOX)				
		<del></del>	-	•						
	3/11/2015		N	115000001868						
3.	Date of filing/registration in Florida	4.		Doc	ument numbe	r				
5. (a)	CORPORATION SERVICE COMPANY									
()		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
	1201 HAYS STREET									
	Registered Office Address (MUST BE FLORIDA STREE									
						PER 5				
	TALLAHASSEE	25		JUN 16 ECRETAR LLAHAS						
	,	·		<del></del>		HAN I				
(b)	C T Corporation System			RY 588						
	Enter name of NEW Registered Agent and/or NEW Register		ma =							
						M 7: 2: SEE, FLORI				
	NEW Registered Office Address:	<del></del>				RIE 23				
	1200 South Pine Island Road					D				
	Plantation	FL_33324	ŀ							
IC 4l	155		1							
the ch	limited liability company is not organized under the ange or changes are made, the Florida street address	of the re	gist	ered office and	the business	office of the registered				
was/w	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member	rs of the	limit	ed liability cor	mpany or as of	therwise provided in				
the art	ticles of organization or the operating agreement of t	the limite	d lia	bility compan	у.	-				
Gion	ature of a member or authorized representative of a member	Je	ennif	er Kurz	nted or typed nam					
_	•	naree to	aet i		7.	•				
provis the ob to mei notifie	eby acceptibe appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, ad in writing of this change.	ele perfoi ided for i I hereby	rmai n Ci	n this capacity nce of my dutie napter 605, F.S nfirm that the l	es, and I am fa S. Or, if this d imited liability	ree to comply with the milliar with and accept locument is being filed y company has been				
Ву:	Jaman our									
_	ure of Registered Agent / / ntha Jones, Assistant Secretary, C T Corporation System									
	Division of Corporations ◆ P.C				FL 32314					
	FILING	: FEE: \$	25.0	U						