Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone 407-540-7576 Fax Number 407-641-8361

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: susana.carcasona@cnl.com

LLC REGISTERED AGENT CHANGE CHP DULUTH GA SENIOR LIVING OWNER, LLC

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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.

виз	me of the limited liability company: CHP Duluth GA		Jiving Owner	r, LLC
· - / .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(4)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	450 S. Orange Avenue, 14th Floor		P.O. Box	4920
	Orlando, FL 32801		Orlando,	FL 32802-4920
	08-04-2015		M1500000	06123
	Date of filing/registration in Florida	4.		Document number
(a)				
	Registered Agent and Registered Office shown on the records of Amy J. Patterson	the Fiori	da Dept. of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET) 450 S. Orange Avenue	ADDRE	<u>22</u> 3	_
	Orlando , FI	32801	··	
	Enter name of NEW Registered Agent and/or NEW Registered Tracey B. Bracco	Office :	address:	T 20
	NEW Registered Office Address:		- <u>-</u>	PM
	450 S. Orange Avenue, 14th Floor			# 12: FL01
	Orlando FI	32801		<u>≃</u> ≘ ഗ
ge t w wa rtic	mited liability company is not organized under the lar or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of the of organization of the operating agreement of the	registe ability of of the li	red office ar company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
<u> </u>		Tr	acey B. Brace	
	nd of a member or authorized representative of a member y accept the appointment as registered agent and agr ms of all statules relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I	ee to a perfori d for in	ct in this cap nance of my Chapter 60	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and acces 5, F.S. Or, if this document is being file the limited liability company has been
ioni erei led	y reflect a change in the registered office address, it is writing of this change.	uicoy	сопутт та	the timiet habitily company has been