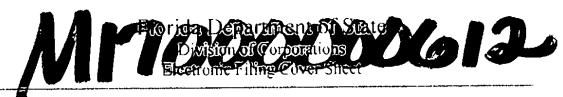
Division of Corporations



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(((H200000911953)))



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CCRC - FREEDOM FAIRWAYS GOLF COURSE, LLC

Certificate of Status	0	
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O SIMMONS

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To: Page 3 of 4

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of			
State: CCRC - Freedom Fairways Golf Course, I	LC			
Enter new principal office address, if applicable:	1920 Main Street, Suite 1200			
(Principal office address	Irvine, CA 92614			
MUST BE A STREET ADDRESS)	7.1			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1920 Main Street, Suite 1200  Irvine, CA 92614			
	Irvine, CA 92614			
	<b>P</b>			
2. The Florida document number of this limited lia	ability company is: M17000000612			
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 01/2	23/2017			
SECTION II (5-9 complete only the applicable				
5. New name of the limited liability company: (must	st contain "Limited Liability Company," "L.L.C.," or "L.L.C.,")			
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or mainust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name (C." or "LLC.")			
6. If amending the registered agent and/or register registered agent and/or the new registered office:	red 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			
	, Florida			
	City Zip Code			
the provisions of all statutes relative to the prope	ent and agree to act in this capacity. I further agree to comply with or and complete performance of my dutics, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited			
<del></del>	Changing Registered Agent. Signature of New Registered Agent			

□ Remove

Envelope ID: 195F2 7. If the amend	808-BF97-4086-B864-1092665EBB28 ment changes the jurisdiction of organi:	ration, indicate new jurisdiction:	
8. If the amendo	ment changes person, title or capacity in	accordance with 605.0902(1)(e), indica	te that change:
Title/ Capacity	<u>Name</u>	Address	Type of
President	Jeffrey H. Miller	1920 Main Street, Suite 1200	<u>[</u>
		Irvine, CA 92614	
MGRM	CCRC OpCo - Sun City Center, ELC*	1920 Main Street, Suite 1200	(
_ <del>_</del>	*Address update only		
		Irvine, CA 92614	[
			18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
			AH II: 44
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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.

Juffrey Miller
30046195/79341 Signature of the authorized representative

Jeffrey H. Miller, President and CEO

Typed or printed name of signee

Filing Fee: \$25.00