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To:

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Fax Number : (850)617-6383

From:

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Account Number : FCA0000000023

Phone : (512)418-6949

Fax Number

: (954)208-0845

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG RSL LIVING OF PENSACOLA LLC

Certificate of Status	0
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### 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 appear	s on the records of the Flo	orida Department of	
State: RSL Living of Pensacola, LL	_C		
Enter new principal office address, if applicable:	enter new principal office address, if applicable: 3736 Bee Caves Road Suite 12		
(Principal office address MUST BE A STREET ADDRESS)		8746	
Enter new mailing address, if applicable:	3736 Bee Caves	s Road Suite 1225	
(Mailing address MAY BE A POST OFFICE BOX)	Austin, Texas 78	8746	
2. The Florida document number of this limited lie	ability company is: M17	700002949	
Jurisdiction of its organization: TX     Date authorized to do business in Florida: 4/5		The state of the s	
4. Date authorized to do business in Florida: 4/5	5/2017		
SECTION 11 (5-9 complete only the applicable	cpaušez)	SSE - b	
5. New name of the limited liability company. (mus		S 20	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mainust contain "Lunited Liability Company," "L.L.)	inaging members adopting	acting business in 長頭出 a <del>cti</del> ation a g the alternate name. The akernate name	
6. If amending the registered agent and/or register registered agent and/or the new registered office a	<u>ddress here:</u>		
Name of New Registered Agent: C T Corpo	ration System		
New Revistored Office Address: 1200 Sout	h Pine Island Roa	ad Florida Sirce: Address	
<u>P</u>		, Florida 33324 Zip Code	
New Registered Agent's Signature, if changing Rel hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filled to merely reflect a change liability company has been notified in writing of the BY:	mt and agree to act in this and complete performaretered agent as provided fire in the registered office a his charge. For poration	nce of my duties, and I am familian with for in Chapter 605, F.S. Or, if this uddress, I hereby confirm that the limited	ıry

	ment changes person, title or capacity in a oel Heikenfeld, AR. RI		
Fitle/ Capacity	<u>Name</u>	Address	Type of Action
AR	Joel Heikenfeld	1706 Olive Road, Pensacol	a, FL 32514 ■ Add
			Петоче
MGR	Donald Sapaugh		Add
			. (☑) Remeve
			<u>[]</u> .Add
			20 Remove
			Remo
	and providing the contract of		[ ] Remove
aforementio	a certificate, if required; no more than 96 ned amendment(s), duly authenticated by under the law of which this entity is organized.	y the official having custody of reco	ords in the
	Joel Heikenfel	d AR	

Corporations Section

Austin, Texas 78711-3697

P.O.Box 13697

Rolando B. Pablos Secretary of State



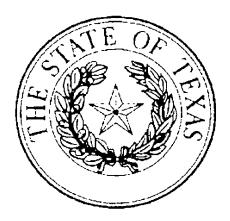
## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for RSL Living Pensacola LLC (file number 802630406), a Domestic Limited Liability Company (LLC), was filed in this office on January 20, 2017.

It is further certified that the entity status in Texas is in existence

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 05, 2017.



R

Rolando B. Pablos Secretary of State

:

Dial: 7-1-1 for Relay Services Document, 748469860002

Phone (512) 463-5555 Prepared by: SOS-WEB