

M18000000238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

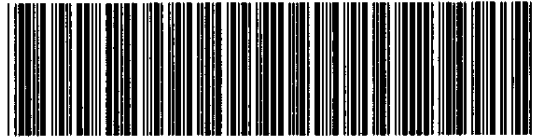
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200312913522

FILED
2018 MAY -4 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 07 2018
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 194076 8002022

AUTHORIZATION :

[Signature]

COST LIMIT : \$25.00

ORDER DATE : May 3, 2018

ORDER TIME : 5:05 PM

ORDER NO. : 194076-005

CUSTOMER NO: 8002022

FOREIGN FILINGS

NAME: BKD PALM BEACH GARDENS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BKD PALM BEACH GARDENS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Curry

Name of Person

BKD PALM BEACH GARDENS, LLC

Firm/Company

111 Westwood Place, Suite 400

Address

Brentwood, TN 37027

City/State and Zip Code

jcurry1@brookdale.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Curry

Name of Person

at (615) 564-8000

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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 appears on the records of the Florida Department of

State: BKD PALM BEACH GARDENS, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000000238

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/09/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

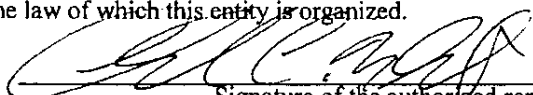
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The managers and officers have been updated.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>T. Andrew Smith</u>	<u>111 Westwood Place, Suite 400</u>	<input type="checkbox"/> Add
		<u>Brentwood, TN 37027</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Bryan D. Richardson</u>	<u>111 Westwood Place, Suite 400</u>	<input type="checkbox"/> Add
		<u>Brentwood, TN 37027</u>	<input checked="" type="checkbox"/> Remove
	<u>See attachment</u>		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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.


Signature of the authorized representative

Chad C. White

Typed or printed name of signee

Filing Fee: \$25.00

FILED
MAY - 4 AM 11:45
CLERK OF STATE
TALLAHASSEE FLORIDA

**MANAGERS AND OFFICERS OF
BKD PALM BEACH GARDENS, LLC
FLORIDA DOCUMENT NO. M18000000238**

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
Lucinda M. Baier	111 Westwood Place Suite 400 Brentwood, TN 37027	Manager, President, Chief Executive Officer and Interim Chief Financial Officer
Chad C. White	111 Westwood Place Suite 400 Brentwood, TN 37027	Manager, Executive Vice President and Secretary
Mary Sue Patchett	111 Westwood Place Suite 400 Brentwood, TN 37027	Manager and Executive Vice President
Joanne Leskowicz	6737 W. Washington St. Suite 2300 Milwaukee, WI 53214	Senior Vice President

FILED
2018 MAY -4 AM 11:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA