

m98000000337

Document Number Only

C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

CORPORATION(S) NAME

600002853186--5

-04/27/99-01051--009

*****70.00 *****35.00

Tuscawilla Arden, LLC

FILED

99 APR 27 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | | |

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THANKS
SECTION OF CORPORATIONS
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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m98000000337

Florida Department of State, Sandra B. Mortham, Secretary of State
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Delaware, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the limited liability company is: Tuscawilla Arden, LLC

1b. The mailing address of the limited liability company is: c/o ManorCare Health Services, Inc.
11555 Darnestown Road, Gaithersburg, MD 20878

1c. Date of filing/registration in Florida: 04/09/98 Document number: M98000000337

2. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street, Suite 105, Tallahassee,

FL 32301

3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

CT CORPORATION SYSTEM

1200 South Pine Island Road

Plantation, FL 33324

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

BY: ManorCare Health Services, Inc., Member

R. Jeffrey Bixler
(Signature of a member or
authorized representative of a member)

3/16/99
(Date)

R. Jeffrey Bixler, V.P. & Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 obligation of my position as registered agent.

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[Signature]
(Signature of Registered Agent)

4-19-99
(Date)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Gil S. Apalis, Asst. Secretary

NHS18(3/95)

FILING FEE: \$35.00

(FL015 - 6/23/98)

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