

m98000001435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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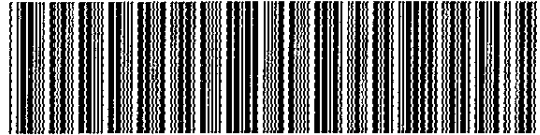
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NATIONAL SERVICE INFORMATION, INC.

www.nsii.net

To whom it may concern:

Please file the enclosed change of agent documents. Please return the stamped received copies to the address provided below:

NSI
145 Baker Street
Marion, OH 43301
Attn: Travis Pinkstaff

Should you have any questions please feel free to contact me directly at 800 235 0337 ext. 113.
Thank you for your time.

Best Regards,

Travis Pinkstaff
National Service Information

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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 608.416 or 608.508, 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.

1. The name of the limited liability company is: A98 Senior, L.L.C.
2. The mailing address of the limited liability company is : 501 South Fourth Avenue, Suite 140, Louisville, KY
40202

December 7, 1998

M98000001435

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, Florida 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carmia Grandinetti

(Signature of a member or authorized representative of a member)

Carmia Grandinetti

(Printed or typed name of signer)

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 608, 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.

Carmen Dixon Assistant Secretary

(Signature of Registered Agent)

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

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03 NOV 26 1998
TALLAHASSEE
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS