

PO1000031690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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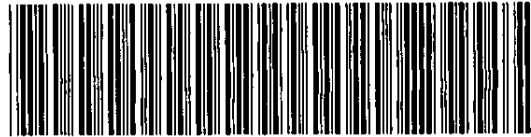
(Business Entity Name)

(Document Number)

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2013 MAR 14 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE

13 MAR 14 PM 4:17

MAR 15 2013  
T. LEMIEUX  
KOR



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 570580 4352697

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : March 14, 2013

ORDER TIME : 2:32 PM

ORDER NO. : 570580-005

CUSTOMER NO: 4352697

CHANGE OF AGENT

NAME: SENIORBRIDGE FAMILY COMPANIES  
(FL), INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SeniorBridge Family Companies (FL), Inc.
2. The principal office address: 1665 Palm Beach Lakes Blvd., Suite 500,  
West Palm Beach, FL 33401
3. The mailing address (if different): 500 West Main Street, c/o Corporate Secretary  
Louisville, KY 40202
4. Date of incorporation/qualification: 3/28/2001 Document number: P01000031690
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.

515 E. Park Avenue

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Joan O. Lenahan, VP & Corp. Secretary

Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

March 13, 2013

Date

If signing on behalf of an entity:

Sue G. Knight

Assistant Vice President

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

2013 MAR 14 AM 10:23  
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SeniorBridge Family Companies (FL), Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P01000031690

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan O. Lenahan, VP & Corporate Secretary

Name of Contact Person

Humana Inc.

Firm/Company

500 West Main Street, Law Department

Address

Louisville, KY 40202

City/State and Zip Code

jlenahan@humana.com

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

For further information concerning this matter, please call:

Jennifer G. Webb

Name of Contact Person

at ( 502 ) 580-3777

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301