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FORM **BCA 5.10/5.20** (rev. Dec. 2003)
STATEMENT OF CHANGE OF
REGISTERED AGENT AND/OR
REGISTERED OFFICE
Business Corporation Act

Jesse White, Secretary of State
Department of Business Services
501 S. Second St., Rm. 328
Springfield, IL 62756
217-782-7808
www.cyberdriveillinois.com

Remit payment in the form of a
check or money order payable
to Secretary of State.

FILED

AUG 17 2009

**JESSE WHITE
SECRETARY OF STATE**

Doc#: 0924644061 Fee: $38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 09/03/2009 12:36 PM Pg: 1 of 2

File # 5763-326-3   Filing Fee: $25   Approved: _____

──── Submit in duplicate ──── Type or Print clearly in black ink ──── Do not write above this line ────

1. Corporate Name: GLENSHIRE NURSING AND REHABILITATION CENTRE,

2. State or Country of Incorporation: ILLINOIS

3. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

Registered Agent: ABRAHAM J. STERN
        First Name   Middle Name   Last Name

Registered Office: 10 S. WACKER DR., 40TH FLOOR
        Number   Street   Suite # (P.O. Box alone is unacceptable)

CHICAGO   60606   COOK
        City   ZIP Code   County

4. Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):

Registered Agent: MS REGISTERED AGENT SERVICES INC.
        First Name   Middle Name   Last Name

Registered Office: 191 N. WACKER DR., STE. 1800
        Number   Street   Suite # (P.O. Box alone is unacceptable)

CHICAGO   60606   COOK
        City   ZIP Code   County

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

6. The above change was authorized by: ("X" one box only)
   a. ☑ Resolution duly adopted by the board of directors. **(See Note 5 on reverse.)**
   b. ☐ Action of the registered agent. **(See Note 6 on reverse.)**
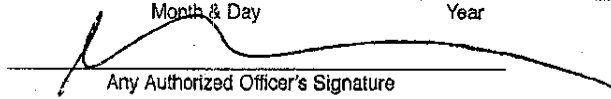
SEE REVERSE FOR SIGNATURE(S).

Printed by authority of the State of Illinois. September 2008 — 1 — C 135.19

7. **If authorized by the board of directors, sign here. (See Note 5 below.)**

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated JULY 23 , 09   GLENSHIRE NURSING AND REHABILITATION CENTRE,

Month & Day   Year   Exact Name of Corporation

Any Authorized Officer's Signature

Sidney J. Glenner, President

Name and Title (type or print)

If change of registered office by registered agent, sign here. (See Note 6 below.)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct.

Dated _____ , _____

Month & Day   Year   Signature of Registered Agent of Record

Name (type or print)
If Registered Agent is a corporation,
Name and Title of officer who is signing on its behalf.

NOTES

1. The registered office may, but need not be, the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.

2. The registered office must include a street or road address (P.O. Box alone is unacceptable).

3. A corporation cannot act as its own registered agent.

4. If the registered office is changed from one county to another, the corporation must file with the Recorder of Deeds of the new county a certified copy of the Articles of Incorporation and a certified copy of the Statement of Change of Registered Office. Such certified copies may be obtained ONLY from the Secretary of State.

5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed by a duly authorized officer.

6. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.