702277 **ALLINICE CENTER FOR HEALTH CARE** Daland, Florida 32720 Attn: CEO's office City/State/Lip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 500004948665--2 -02/18/02--01062--020 (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Mail out Certificate of Status ☐ Will wait ☐ Photocopy NEW FILINGS **AMENDMENTS** ☐ Profit Amendment ☐ Not for Profit Resignation of R.A., Officer/Director Limited Liability ☐ Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other ☐ Merger **OTHER FILINGS REGISTRATION/QUALIFICATION** Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)

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

| Pursuant to the provisions of sections | s 607.050 <mark>2</mark> , 617.050 | 92, 607.1508, or 617.1508, Florida Statutes, |
|--|--|---|
| the undersigned corporation organized | d under the laws of t | he State of Florida |
| submits the following statement in ord | ler to change its reg | istered office or registered agent, or both, in |
| the State of Florida. | | |
| I. The name of the corporation:T | he Alliance (| Community for Retirement |
| Living, Inc. | | Clorida Ave |
| | | |
| 2. The mailing address of the corporati | on: 600 s. 1 | Clorida Ave. |
| | DeLand, | Florida 32720 |
| 3. Date of incorporation/qualification: | 4/13/61 | Document number: |
| 4. The name and address of the current | | |
| | | . 011100. |
| Swartz, Jos | seph J. | |
| 600 S. Flor | ida Ave. | |
| · · · · · · · · · · · · · · · · · · · | orida 32720 | |
| 5. The name and address of the new res | vistered agent (if cha | nged) and/or registered office (if changed): |
| (1 | P. O. Box Not Acce | ptable) |
| Welch, Brew | • | |
| 1: 600 S. Flor | ida Ave | |
| | rida 32720 | |
| | | Iron of the Land |
| agent, as changed, will be identical. | oo and the succe att | dress of the business office of its registered |
| Such change was authorized by resolut | ion duly adopted by | its board of directors or by an officer so |
| Atto M | | |
| (Signature of an officer, chairman or vice | chairman of the hoard) | 2-11-02 (Date) |
| | | (Date) |
| Peter Dys, Vice-Chairm (Printed or typed name ar | an of the Bo | ard |
| Having heen named as registered acres | it mad to enter | |
| corporation, I hereby accept the appoin | n una to accept serv ntment as registered | ice of process for the above stated l agent and agree to act in this capacity. relative to the proper and complete pt the obligation of my position as |
| I Jurther agree to comply with the prov | isions of all statutes | relative to the proper and complete |
| registered agent. | mur wun unu ucce | pt the obligation of my position as |
| Orenia Welk | | 2/15/2 |
| (Signature of Registered Agent) | | (Date) |
| If signing on behalf of an entity: | | · · · · · · · · |
| Brewier Welch, N | .H.A. | CEO/Administra |
| (Typed or Printed Name) | | CEO/Administrator (Capacity) |
| er e | * . The Theorem | |
| | FILING FEE: \$35 | .00 * * * |
| CR2E045(9/00) DIVISION OF CORPORATIONS | NA = | |
| 21 TRIVITOR CORPORATIONS | P.O. Box 6327 | TALLAHASSEE, FL 32314 |