I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA CICCOLELLI

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N11000011729

Entity Name: ABILITIES AT CRESTVIEW II, INC.

Current Principal Place of Business:

2735 WHITNEY ROAD CLEARWATER, FL 33760

Current Mailing Address:

2735 WHITNEY ROAD CLEARWATER, FL 33760

FEI Number: 45-4134490

Name and Address of Current Registered Agent:

THOMAS, GENE ABILITIES INC. OF LFORIDA 2735 WHITNEY ROAD CLEARWATER, FL 33760 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: GENE THOMAS			01/26/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	SECRETARY	Title	VP	
Name	TWOHEY, MARY	Name	PAGE, BARBARA	
Address	2735 WHITNEY ROAD	Address	2735 WHITNEY ROAD	
City-State-Zip:	CLEARWATER FL 33760	City-State-Zip:	CLEARWATER FL 33760	
Title	PRESIDENT	Title	DIRECTOR	
THE	FRESIDENT	THE	BIRECTOR	
Name	CICCOLELLI, LISA	Name	LARSON, JAN DODGE	
Address	2735 WHITNEY ROAD	Address	2735 WHITNEY ROAD	
City-State-Zip:	CLEARWATER FL 33760	City-State-Zip:	CLEARWATER FL 33760	

Certificate of Status Desired: No

PRESIDENT

01/26/2017

FILED Jan 26, 2017 Secretary of State CC6464046089

Date