767322

Hara Management, Dru. (Requestor's Name) 931 S Semoran Blud., Sk 21/3 (Address)
(Requestor's Name)
931 S Senoran Blud Sk 21
(Address)
(Address)
Winter Park R 32792 (City/State/Zip/Phone #)
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(Document Number)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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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: Bear Creek Estates Home Did Mrs Ass vc. 44100, INC.
2. The principal office address: c/o Hara Management, Inc 931 S. Semoran Blvd., # 214 Winter Park, FL. 32792
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/07/1983 Document number: 767322
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)
Premier Association Management of CFL Inc.
725 Primera Blvd - Suite 115
Lake Mary, FL 32746
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert Hara
Robert Hara c/o Hara Management, Inc P.O. Box NOT acceptable 931 S. Semoran Blvd., # 214 Winter Park, FL. 32792
931 S. Semoran Blvd., # 214 Winter Park, FL. 32792
P.O. Box NOT acceptable 931 S. Semoran Blvd., # 214 Winter Park, FL. 32792 The street address of its registered office and the street address of the business office of its registered agent, 32 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.
Scott Ryerson 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.
Plet Harm 10/16/12
Signature of Registered Agent Date If signing on behalf of an entity:
o-pp o oo o un onus, -
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 (8/05)