A9700000000228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)
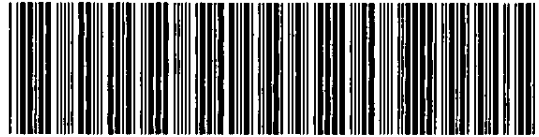
☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300137611733

11/07/08--01033--025   **35.00

J. BRYAN   NOV 1 0 2008

J. BRYAN

NOV 1 9 2008

EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2008

KIMBERLY NOWAKOWSKI
HEALTH FIRST, INC.
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955

SUBJECT: HICKORY ASSISTED LIVING, LIMITED PARTNERSHIP
Ref. Number: A97000000228

We have received your document for HICKORY ASSISTED LIVING, LIMITED PARTNERSHIP and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 408A00056681

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hickory Assisted Living, Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A97000000228

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

Please return all correspondence concerning this matter to:

Kimberly Nowakowski

(Contact Person)

Health First, Inc.

(Firm/Company)

6450 US Highway 1

(Address)

Rockledge, FL 32955

(City, State and Zip Code)

For further information concerning this matter, please call:

Kimberly Nowakowski ___ at (321) 434-4378

(Name of Contact Person)   (Area Code and Daytime Telephone Number)

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. **Hickory Assisted Living, Limited Partnership**

   Name of Limited Partnership or Limited Liability Limited Partnership

2. **01/27/1997**

   Date of filing/registration in Florida

3. **A97000000228**

   Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

   Senior Living Properties-Faith, LLC

   Name

   4661 Johnson Road, Suite 7

   Address

   Coconut Creek, FL 33073

   City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:
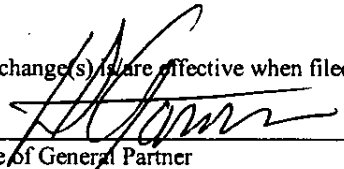
   David E. Mathias, Esq.

   Name

   6450 US Highway 1

   Florida street address (P.O. Box not acceptable)
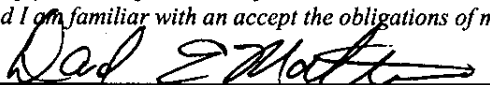
   Rockledge   FL **32955**

   City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

   _____
   Signature of General Partner

   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 an accept the obligations of my position as registered agent.

   _____
   Signature of Registered Agent

Filing Fee: $35.00
Certified Copy (optional): $52.50