

B93000000237

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
LIBERTY ASSISTED LIVING CENTERS LIMITED PARTNERSHIP**

Certificate of Status	0
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Page Count	03
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**A. LUNT**  
DEC - 7 2012  
**EXAMINER**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIBERTY ASSISTED LIVING CENTERS LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B93000000237

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:

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
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)

**FILED**  
2012 DEC - 6 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. LIBERTY ASSISTED LIVING CENTERS LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/03/1993  
Date of filing/registration in Florida

3. B93000000237  
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:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Name

1201 HAYS STREET STE 105

Address

TALLAHASSEE, FL 32301-2525

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation, FL 33324

City, State and Zip

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

  
Signature of General Partner

Angel Nunez, VP of LIBERTY ASSISTED LIVING CENTERS OF FL., INC., the GP  
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 obligations of my position as registered agent.

  
Signature of Registered Agent

Samantha Jones, Asst. Secretary, C T Corporation System

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC -6 AM 11:46

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