F05000005235

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JUN - 8 2009

EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT	NO.	:	120000000195

REFERENCE : 024650 7448944

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: June 3, 2009

ORDER TIME : 9:01 AM

ORDER NO. : 024650-010

CUSTOMER NO: 7448944

CHANGE OF AGENT

NAME: LIFE MASTERS SUPPORTED SELF

CARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

STATEMENT $\overline{\textbf{OF}}$ Change of registered office or registered agent or both for corporations

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, o ange is submitted for a corporation organized under the er to change its registered office or registered agent, or	laws of the State of Cali	fornia
1. The name of	the corporation: LIFE MASTERS SUPPORTED SELF C	ARE, INC.	
2. The principal	l office address: 15635 Alton Parkway, Suite 400, Irvine,	CA 92618	
3. The mailing	address (if different): 15635 Alton Parkway, Suite 400, A	ttn: Legal Department, Irv	ine, CA 92618
4. Date of incor	poration/qualification: 09/02/2005 Docume	nt number:F050000052	35
	d street address of the current registered agent and regist rtment of State:	tered office on file with the	he
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		09 SEC
6. The name an (if changed):	d street address of the new registered agent (if changed)	and /or registered office	<u> </u>
	Corporation Service Company		233 SEE- SEE- SEE- SEE- SEE- SEE- SEE- SE
	1201 Hays Street		F SI
	(P.O. Box NOT acceptable)		REA 69
	Tallahassee, FL 32301		> -
The street addr as changed wil	ess of its registered office and the street address of the l be identical.	e business office of its r	egistered agent,
Such change wauthorized by t	as authorized by resolution duly adopted by its board he board, or the corporation has been notified in writi	of directors or by an of ng of the change.	ficer so
12 (Signat	Tani	e E. Roston (Printed or typed name and title	, Secretary
I further agrée of my duties, an document is be corporation ha	t the appointment as registered agent and agree to ac to comply with the provisions of all statutes relative t nd I am familiar with and accept the obligation of my ing filed merely to reflect a change in the registered o s been notified in writing of this change.	to the proper and compl	ete performance igent. Or, if this confirm that the
By: Mu	Service Company Letter Company ignature of Registered Agent)	5/29/0 (Date)	9
	chalf of an entity:		
Michelle R. Var	nnoy, Asst. Vice President		
(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)