

ACCOUNT NO. : 072100000032

REFERENCE: 246376 4350891

AUTHORIZATION :

Patricia Parito

COST LIMIT : \$ 35.00

ORDER DATE: February 3, 1997

ORDER TIME : 9:08 AM

ORDER NO. : 246376-030

CUSTOMER NO:

4350891

500002034599--7

CUSTOMER: Robert Pommerville, Esq

Beverly Enterprises, Inc.

5111 Rogers Avenue

Ste 40-a

Fort Smith, AR 72919

CHANGE OF AGENT

NAME: BEVERLY ASSISTED LIVING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper

7'A (hange-2/24/97

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

AGENT OR BOTH FOR CORPORATIONS			
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.			
1a. The name of the corporation is:			
BEVERLY ASSISTED LIVING, INC.			
1b. Date of incorporation:	/16/96	Document number_	F96000000268
2. The name and address of the current registered agent and office: c t corporation system			
1200 SO. PINE ISLAND DRIVE	PLANTATION	FL	33324
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) CORPORATION SERVICE COMPANY			
1201 Hays Street, Tallahassee, Florida 32301			
The street address of its registered agent and the street address of the business office of its registered agent 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.			
SIGNATURE 2/19/97	HOLLY A. ASST SEC		d title
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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. CORPORATION SERVICE COMPANY DEBBIE SKIPPER SIGNATURE BY:			