

F97000006080

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000176033 3)))



H11000176033ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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

Email Address:

pk-fletcher@avatarholdings.com

RECEIVED

11 JUL -7 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
AVATAR RETIREMENT COMMUNITIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED
11 JUL -7 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA to chy

Electronic Filing Menu

Corporate Filing Menu

Help

H11000176033 3

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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AVATAR RETIREMENT COMMUNITIES, INC.
2. The principal office address: 201 ALHAMBRA CIRCLE, 12TH FL.
CORAL GABLES FL 33134 US
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/29/1987 Document number: F97000006080

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)

KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE, 12TH FL
CORAL GABLES FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.
515 EAST PARK AVENUE
P.O. Box NOT acceptable
TALLAHASSEE, FL 32301

The street address of its registered office 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, or the corporation has been notified in writing of the change.

Patricia K. Fletcher
Signature of an officer or director

PATRICIA K. FLETCHER, OFFICER
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.

Michele Holden
Signature of Registered Agent

7/7/11
Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT
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
CRJEG45 (8/05)

FILED
11 JUL -7 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000176033 3