

L03000016678

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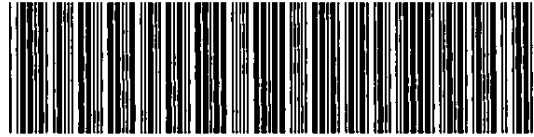
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OCT 10 2012

EXAMINER



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DATE: 10-09-2012

NAME: HARBOR ASSISTED LIVING LLC

TYPE OF FILING: ARTICLES OF AMENDMENT

COST: \$25

RETURN:

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TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARBOR ASSISTED LIVING, LLC
Name of Limited Liability Company

FILED
12 OCT -9 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS MITCHELL
Name of Person

HARBOR ASSISTED LIVING, LLC
Firm/Company

1440 HIGHWAY A1A
Address

VERO BEACH, FL 32963
City/State and Zip Code

tmitchell@hvaonline.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS MITCHELL at (772) 492-5002
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HARBOR ASSISTED LIVING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/8/2003 and assigned Florida document number LO3000016678

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: NATIONAL CORPORATE RESEARCH, LTD., INC.

New Registered Office Address: 155 Office Plaza Drive
Enter Florida street address

Tallahassee, Florida 32301
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Colleen M. Maher, Asst. Sec.
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>TIMOTHY S. SMICK</u>	<u>1440 HIGHWAY A1A</u> <u>VERO BEACH, FL 32963</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VICE PRESIDENT</u>	<u>SARABETH HANSON</u>	<u>1440 HIGHWAY A1A</u> <u>VERO BEACH, FL 32963</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SECRETARY / VICE PRESIDENT</u>	<u>CHARLES JENNINGS</u>	<u>1440 HIGHWAY A1A</u> <u>VERO BEACH, FL 32963</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>TREASURER</u>	<u>THOMAS MITCHELL</u>	<u>1440 HIGHWAY A1A</u> <u>VERO BEACH, FL 32963</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>ASSISTANT SECRETARY</u>	<u>DONNA DORSEY</u>	<u>1440 HIGHWAY A1A</u> <u>VERO BEACH, FL 32963</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 8/21/12

T. Mitchell TREASURER
Signature of a member or authorized representative of a member

Thomas Mitchell
Typed or printed name of signee