1.0	· •	00	~~ ~	
· [· _ ()	7 []	\mathcal{O}	145
			100	

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

٨

900168059979

02/15/10--01032--007 ++25.00

FILED 10 FEB 15 PH 12: 48 SECRETARY OF STATE TALLAHASSEE: FLORIDA

Office Use Only

J. BRYAN FEB 1 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Senior Housing Innovators, Llc Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector Gumley

Name of Person

Firm/Company

14803 Whatley Road Address

Deiray Beach, FL 33445 City/State and Zip Code

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

For further information concerning this matter, please call:

 Hector Gumley
 at (561)
 213-6526

 Name of Person
 Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$55 Filing Fee & Certified Copy



	der to change its registered office or registered
1. Name of the limited liability company: <u>S</u>	enior Hosing Innovators, LLC
2. (a) Principal office address of limited liability compa	ny:
(<u>Note: MUST BE STREET ADDRESS</u>)	2699 Stirling Road, #B206 Fort Lauderdale, FL 33312
(b) Mailing address of limited liability company:	
(<u>Note: MAY BE POST OFFICE BOX</u>)	2699 Stirling Road, #B206 Fort Lauderdale, FL 33312
04/29/2009	L09000041145
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	Hector Gumley
Registered Office Address:	2699 Stirling Road, #B206, 5 Fort Lauderdale, FL 33312, 7 11
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	ron 3 (
NEW Registered Agent:	Ted Gumley
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2699 Stirling Road, #B206
	Fort Lauderdale ,FL 33312
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability compa Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote perwise provided in the articles of organization
Hector Gumley	

Ĵ, ľ

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

BOTH FOR LIMITED LIABILITY COMPANY

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, Lhereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00