

L13000140660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

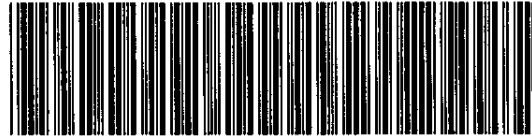
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN -9 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Happy Days Assisted Living 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:

Cathline Reid

Name of Person

23 Pepperdine Drive N/A

Firm/Company

23 Pepperdine Drive

Address

Palm Coast, FL 32164

City/State and Zip Code

Cathline Reid@yahoo.com

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

For further information concerning this matter, please call:

Cathline Reid

Name of Person

at (386) 503-9671

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Happy Days Assisted Living LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

23 Pepperdine Drive

23 Pepperdine Drive

Palm Coast, Florida 32164

Palm Coast, Florida 32164

10/04/2013

L13000140660

3. 10/04/2013 Date of filing/registration in Florida 4. L13000140660 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Icaro O Horta

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

23 Pepperdine Drive

Palm Coast, FL 32164

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Cathline Reid

NEW Registered Office Address:

23 Pepperdine Drive

Palm Coast, FL 32164

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Icaro O Horta
Signature of a member or authorized representative of a member

ICARO HORTA
Printed or typed name of signee

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 605, 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.

Cathline Reid
Signature of Registered Agent