

2160001161942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

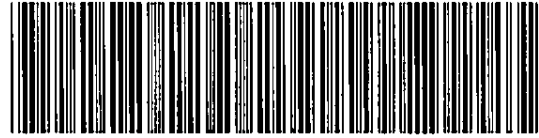
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Countryside Haven 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:

DAVIA COOGAN

Name of Person

Countryside Haven Assisted Living

Firm/Company

6960 CR 95

Address

Palm Harbor, FL 34684

City/State and Zip Code

CountrysideHavenALF@gmail.com

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

For further information concerning this matter, please call:

Kathy Coogan

Name of Person

at ( 727 ) 534 6766

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: Countryside Haven Assisted Living LLC

2. (a) 6960 CR 95

(b) 6960 CR 95 ✓

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

Palm Harbor, FL  
34684

Palm Harbor, FL  
34684

08/29/2016

L16000161942

3. Date of filing/registration in Florida

4. Document number

5. (a) Waller, Roland D.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5332 Main St.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

New Port Richey, FL 34652

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

Countryside Haven Assisted Living  
**NEW** Registered Office Address:

6960 CR 95

Palm Harbor, FL 34684

**FILED**  
**17 SEP 25 PM 12:39**  
 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.

[Signature]  
Signature of a member or authorized representative of a member

DAVID COOGAN  
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.

[Signature]  
Signature of Registered Agent