

175

11. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

MAIL

Table 1

Variable	Mean	SD	Min	Max
Age	67.89	10.12	45	85
Gender	Male = 1 Female = 2			
Marital status	Married = 1 Single = 2 Widowed = 3 Divorced = 4			
Education	High school or less = 1 Some college = 2 Bachelor's degree = 3 Master's degree = 4 Doctorate = 5			
Income	\$10,000 or less = 1 \$10,000-\$19,999 = 2 \$20,000-\$29,999 = 3 \$30,000-\$39,999 = 4 \$40,000-\$49,999 = 5 \$50,000-\$59,999 = 6 \$60,000-\$69,999 = 7 \$70,000-\$79,999 = 8 \$80,000-\$89,999 = 9 \$90,000-\$99,999 = 10 \$100,000 or more = 11			
Health status	Excellent = 1 Very good = 2 Good = 3 Fair = 4 Poor = 5			
Depression	No depression = 1 Mild depression = 2 Moderate depression = 3 Severe depression = 4			
Loneliness	No loneliness = 1 Low loneliness = 2 Medium loneliness = 3 High loneliness = 4			
Social support	No social support = 1 Low social support = 2 Medium social support = 3 High social support = 4			
Life satisfaction	No life satisfaction = 1 Low life satisfaction = 2 Medium life satisfaction = 3 High life satisfaction = 4			

[illegible]



03/12/12--01012--040 **225.00

12 MAR 12 AM 11:28

MAR 13 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morton's of Chicago/North Miami Beach 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:

Denise Bell

Name of Person

NRAI Corporate Services

Firm/Company

16055 Space Center Blvd., Suite 235

Address

Houston, TX 77062

City/State and Zip Code

dbell@nrai.com

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

For further information concerning this matter, please call:

Denise Bell

Name of Person

at (800)

862-5438

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

FILED
12 MAR 12 PM 11:25
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Morton's of Chicago/North Miami Beach LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

06/14/2005

M05000003265

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Road
Plantation, FL 33324

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

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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.

Denise Bell
Signature of a member or authorized representative of a member

Denise Bell, Manager

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 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.

by:

Joy Schroeder
Signature of Registered Agent

Joy Schroeder, Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00