N02000009283

(Re	equestor's Name)
(Ac	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phor	ne #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		



600043606026

12/28/04--01036--002 **35.00



RA/RO/Change
10/5/05

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Florida Senior Housing Council, Inc. (Name of corporation)
DOCUMENT NUMBER: N0200009283
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mr. Philip Guistolise
Please return all correspondence concerning this matter to the following: Mr. Philip Guistolise (Name of contact person) Florida Senior Housing Counsil, Inc. (Firm/Company)
Florida Senior Housing Counsil, Inc. (Firm/Company)
33 West Grand, Suite 404
(.133.000)
Chicago, Illinois 60610 (City/state and zip code)
For further information concerning this matter, please call:
David H. Williams, Jr., Esquire at (404) 926-4182. (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Floridain order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Florida Senior Housing Council, Inc.
2. The principal office address: 33 West Grand, Suite 404, Chicago, Il. 60610
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/27/2002 Document number: N0200009283
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Alfred Cowley
10202 Tucker Jones Road
Riverview, Florida 33569 6. The name and street address of the new registered agent (if changed) and /or registered office
A riverview, Florida 33569 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System SES
1200 South Pine Island Road (P.O. Box NOT acceptable)
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Ships Gustolles president Philips Gustolles president (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) Nounsen 15 2004 (Date)
If signing on behalf of an entity: Allan Farnell, Vice President
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *