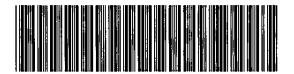
## N12000004794

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



900267702569

12/24/14--01027--011 \*\*35.00

15 C C 24 FE O T

RQ Change



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: December 22, 2014

Order#: 414926/009

Re: FLORIDA ASSISTED HOUSING CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	nized under the la	rws of the State of FL		_	
1. The name of t	he corporation: FLORIDA ASSISTED H	OUSING CORPO	ORATION			
	office address:					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 05/09/2012	Document	number: N1200000479	94		
	street address of the current registered a tment of State: (If resigned, enter resign	~ ~	ed office on file with th	e		
	C T CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL	33324			
6. The name and (if changed):	street address of the new registered age	ent (if changed) ar	nd /or registered office			
	Corporation Service Company				14 PE	#7"
	1201 Hays Street		<i>,</i> .		( ) ( )	
	P.O. Box NO	-		D, ⊆.	<u>ت.</u>	
	Taliahassee		32301	1 ( 2.7	List Co	ŗ
The street address changed will	ess of its registered office and the street be identical.	address of the bu	usiness office of its regi	istered age	ent.	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	d by its board of entiting	directors or by an office of the change.	er so		
		Dona Priebe, \				
•	e in office, er director		ed or typed name and title		_	
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent an ocomply with the provisions of all stat my duties, and I am familiar with and of so document is being filed merely to refithat the corporation has been notified in Service Company	utes relative to the accept the obligation to lect a change in t	he proper and complete tion of my position as r he registered office add	egistered		
By:	ace Co-Kubi	12/19/2014				
Sign	nature of Registered Agent		Date		-	
If signing on be	half of an entity:					
Grace E. Kirby,	Assistant Vice President					
T	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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