Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

 Address:		
nuui coo.		

REGISTERED AGENT CHANGE HEARTHSTONE SENIOR COMMUNITIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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FEB 23 2016

C LEWIS

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Hearthstone Senior Communities, Inc
	Name of Corporation
DOC	N96000004160 UMENT NUMBER:
The en	sclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Name of Contact Person
	Firm/Company
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Name of Contact Person at () Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (03/12)

94 - 84/26/2013 Michigan Philippe Parline

2/22/2016 2:03:26 PM From: To: 8506176380(3/3)

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

		1502, 617.0502, 607.1508, or 617.1508, Florida Statutes, i pration organized under the laws of the State of	this
	-	fice or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: Hearthstone	Senior Communities, Inc	
2 The princips	al office address: Two Bala Pla	ıza Suite 300 Bala Cynwyd, PA 19004	
2. The principa	office address		<u> </u>
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 08/08	Document number: N96000004160	
	nd street address of the curren artment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)	
	SPECTOR GADON & ROSI	EN, PA	
	360 CENTRAL AVENUE SI	UITE 1550	16 f
	ST. PETERSBURG, FL 3370)1	16 FEB 22
6. The name an (if changed):		egistered agent (if changed) and /or registered office	
•	C T Corporation System		9; hh
	c/o C T Corporation System,	1200 South Pine Island Road	£
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street addr as changed wil	ess of its registered office an l be identical.	nd the street address of the business office of its registere	ed agent,
Such change wanthorized by t	as authorized by resolution d he board, or the corporation	luly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Tanny Toftero	o ure of an officer or director	Tammy Tofteroo	
		Printed or typed name and title	— —
uxem. Ur. m	ns accument is being thea m	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete r with and accept the obligation of my position as regist erely to reflect a change in the registered office address, en notified in writing of this change.	ered , I
_	rporation System	2/8/2016	
By: () onif	nature of Registered Agent	Date	
V	chalf of an entity:		
Jenifer Vincent,	VP and Asst. Sec,		
Ť	yped or Printed Name		
	A. J. B. 700	The base with the same of the	

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

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