

N99000000691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

12/9/05
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASHFORD HEALTHCARE SYSTEMS, INC.
(Name of Corporation)

DOCUMENT NUMBER: N99000000691

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:

DAVID A. BARRETT

(Name of Contact Person)

(Firm/Company)

1020 E. LAFAYETTE STREET

(Address)

TALLAHASSEE, FLORIDA 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID A. BARRETT

(Name of Contact Person)

at

(850)

222-9000

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASHFORD HEALTHCARE SYSTEMS, INC.
2. The principal office address: 23186 BLUE STAR HWY
QUINCY, FLORIDA 32352
3. The mailing address (if different): P.O. BOX 1589
QUINCY, FLORIDA 32353
4. Date of incorporation/qualification: 02/03/1999 Document number: N99000000691
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DAVID A. BARRETT

111 SOUTH MONROE STREET, SUITE 3000

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

HAROLD RICHMOND, ESQUIRE

227 EAST JEFFERSON STREET

(P.O. Box NOT acceptable)

QUINCY, FLORIDA 32353

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.

(Signature of an officer or director)

(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)

(Date _____)

If signing on behalf of an entity:

(Typed or Printed Name)

***** 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 (8/05)