(1/3)

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000023932 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

: (850)222-1092 : (850)878-5368

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

Email Address:	

REGISTERED AGENT CHANGE CENTER FOR ADVANCED LIVING, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

	on of Corporations			
SUBJECT:	enter for Advanced Living, Inc.			
SODJECT:	Name of Corp	oration		
DOCUMENT	N99000007280 NUMBER:		 1	
The enclosed	Statement of Change of Registered Office/A	agent and fee are submitted for filing.		G
Please return a	ill correspondence concerning this matter to	the following:	CAET	67 NW
	Michael G. Ware, CFO		(17 m),	
	Name of Conta	ct Person		3
	Center for Advanced Living		FLORI	
	Firm/Com	pany		<u>ح</u>
	4250 Lakeside Drive, Suite 300	,	₽	
	Addres	s		
	Jacksonville, FL 32210			
	City/State and	Zip Code		
	mware@agingtruc.org			
	E-mail address: (to be used for futi	re annual report notification)		
For further in	Tormation concerning this matter, please cal	l:		
Michael G. Wa	cc, CFO	904 807-1304		
	Name of Contact Person	Area Code & Daytime Telephone	Number	
Enclosed is a	\$35.00 check made payable to the Departm	ent of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building	14	
	Tallahassee, FL 32314	2661 Executive Center Circ Tallahassee, FL 32301	10	

71.004 - 05/20/2013 Walters Khower Ordina

CR2E045 (03/12)

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1 ange is submitted for a corporation organized und ler to change its registered office or registered age	ler the laws of the State of Florida			
	the corporation: Center for Advanced Living, Inc.	•			
2. The principa	office address: 4250 Lakeside Dr., Suite 300, Jackso	מאט FL 32210			<u>-</u>
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: 12-10-1999 D	ocument number: N99000007280			-
	nd street address of the current registered agent and artment of State: (If resigned, enter resigned)	registered office on file with the			
	Eric J. Holshouser		$\sum_{i \in \mathcal{U}} u_i$		
	50 North Laura Street, Suite 2800			15 JAN	**
	Jacksonville, FL 32202		HETAK AHASS	N 29	75-64
6. The name at (if changed)	nd street address of the new registered agent (if cha	inged) and /or registered office		9 PM II: 03	i i
	C T Corporation System		ORI PRI	0	***
	c/o C T Corporation System, 1200 South Pine Islan	d Road	æ ™H	ယ	
	P.O. Box NOT acceptable	1			
	Plantation, Florida 33324				
as changed wi	ress of its registered office and the street address il be identical. vas authorized by resolution duly adopted by its b the board, or the corporation has been notified in	_	_	nt,	
Mich		el G. Ware, Chief Financial Officer			
I hereby accept further agree agent. Or, if the hereby confirmation is the hereby confirmation.	of the appointment as registered agent and agree to comply with the provisions of all statutes rela of my dulles, and I am familiar with and accept th his document is being filed merely to reflect a ch n that the corporation has been notified in writing	Filinted of typed manie and title	gistered ess, i	•	
CTC:	P	milaalanid			
	grature of Registered Aggle	Date		•	
if signing on t	ehalf 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 (03/12)