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(Re	equestor's Name)	
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DATE: 5/16/13

NAME: NATIONAL CHURCH RESIDENCES OF NEW PORT RICHEY, INC

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

1. The name of the corporation:	NATIONAL	CHURCH	RESIDENCES	OF NEW	PORT	RICHEY, I	NC.

2. The principal office address:

f

4. Date of incorporation/qualification:	December 17-1	999 Document number:	N99000007449	
3. The mailing address (if different): 2335 NORTH BANK	DRIVE	COLUMBUS	ОН	32301
2335 NORTH BANK		COLUMBUS	OH	32301

5. The name and street address of the current registered agent and registered office on file with the

Florida Department of State: (If resigned, enter resigned)

	Corporation Service Company		2	
	1201 Hays Street		na13 H	
	Tallahassee, FL 32301-2525		HAY IS	FIL
). The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SEE.F	PH	Ē
	National Corporate Research, Ltd., Inc.	ORIG	3:20))
	155 Office Plaza Drive	7	-	
	P O Box NOI acceptable			

Tallahassee, FL 32301

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 onicer of anector

Hark K Killis Hs. H PERMIT

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

If signing on behalf of an entity:

Mark Thomas, Assistant Secretary

Typed or Printed Name

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

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