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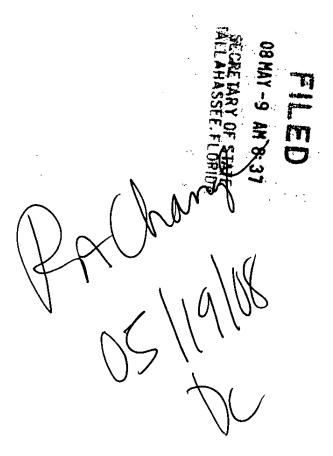
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ASSISTED LIVING FACILITIES OF Florida, INC
(Name of Corporation)

DOCUMENT NUMBER: PO 70000 35276

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:

Ronald G. Oldakowski
(Name of Contact Person)

Assisted Living Facilities of Florida, DC' (Firm/Company)

5688 NW CROCUS AVE

PORT Smint Lucie, Florida 34986 (City/State and Zip Code)

For further information concerning this matter, please call:

Ronald G. Olda Kowski at (712) 336-7240 (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

| statement of char | provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga to change its registered office or regis | nized under the laws of the State of | Florida |
|--|--|--|-------------|
| 1. The name of the | ne corporation: ASSISTED LIVING F | FACILITIES OF FLORIDA, INC. | |
| 2. The principal of | office address: 5688 NW CROCUS / | | |
| | ldress (if different): SAME A | S ABOVE | |
| 4. Date of incorp | oration/qualification: 09-14-2005 | Document number: PO700 | 0035276 |
| 5. The name and Florida Depart | street address of the current registered ament of State: | agent and registered office on file wi | th the |
| | RONALD G. OLDAKOWSKI | | |
| | 4724 SOUTH 25TH STREE | ET | -₹% 0: |
| _ | FORT PIERCE, FL 34981 | | |
| 6. The name and (if changed): | street address of the new registered age | nt (if changed) and /or registered off | - Y - 9 |
| | RONALD G. OLDAKOWS | <u>(</u> | |
| _ | 5688 NW CROCUS AVE | | 器 33 |
| | (P.O. Box NOT acceptable | • | |
| The street addres as changed will b | s of its registered office and the street be identical. authorized by resolution duly adopte board, or the corporation has been no | address of the business office of it | |
| (Slenatur | of an officer or director) | RONALD G. OLDAKOWS | |
| ` • | the appointment as registered agent an comply with the provisions of all state and familiar with and accept the obligation of the complete and | | • |
| find & | ature of Registered Agent) | 05-06-2008 | |
| If signing on beha | , | (Date) | |
| (Ty | ped or Printed Name) | | |

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