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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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2011 AUG 12 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2011 AUG 12 AM 10:35

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DR
8/12/11

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HOME SWEET HOME ASSISTED
(Corporation Name) (Document #)

2. LIVING FACILITY CORP
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.06 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

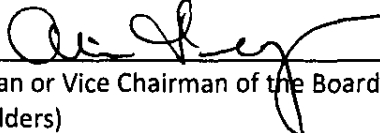
SECRETARY OF STATE
TREC 041498000011030

(voting group)

Signed this 3rd day of MAY, 2011

HOME SWEET HOME ASSISTED LIVING FACILITY CORP

(Corporation Name)

By 
(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

(A director or incorporator if adopted by the directors or incorporators)


ALINA FERNANDEZ

(Typed or Printed Name)

PRESIDENT

(Title)

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place of designated in this certificate, 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.


(Signature of Registered Agent)
ALINA FERNANDEZ
Date: 05/03/2011