

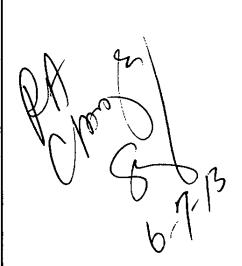
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COVER LETTER

TO: Amendment Section **Division of Corporations**

Alternative Senior Living

P120000 18518 DOCUMENT NUMBER:

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:

Janet Kirner

Name of Contact Person

Alternative Senior Living

Firm/Company

1549 Haverhill Road North

Address

West Palm Beach, Fl., 33417

City/State and Zip Code

alternativeseniorliving@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Kirner

Name of Contact Person

561 676-6045

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 ch	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	this
1 The name of	of the corporation: Alternative Senior Living,	
2. The principal	pal office address: 1549 Haverhill Road North West Palm Beach, Fl.,	3341702
3. The mailing	g address (if different):	
4. Date of incor	orporation/qualification: Feb. 23,2012 Document number: P 12.000	1018218
5. The name an	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	Corporation Service Company	
	1201 Hays Street	DIV(6
	Tallahassee, FI 32301	ECRETAR ISION OF C
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered office):	TARY OF CORPE
	Janet Kirner	STA ORA
	1549 Haverhill Road North	TION TION
	P.O. Box NOT acceptable West Palm Beach, Fl.,33417	S
The street addr	dress of its registered office and the street address of the business office of its registe ill be identical.	red agent,
_	was authorized by resolution duly adopted by its board of directors or by an officer sthe board, or the corporation has been notified in writing of the change.	
Janel	Janet Kirner, President Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as regis this document is being filed merely to reflect a change in the registered office addres m that the corporation has been notified in writing of this change.	stered ss, I
Janel	Signature of Registered Agent 5/29/13 Date	
	behalf of an entity:	
Т	Typed or Printed Name	

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