

P95000073447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

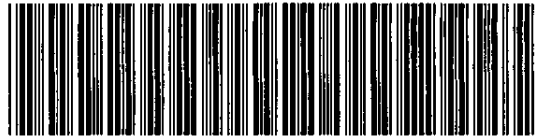
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

07 DEC 17 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong

G. Gouffon DEC 19 2007



Nancy C. Haire
Corporate Paralegal
& Assistant Secretary

SENT BY UPS OVERNIGHT DELIVERY

December 14, 2007

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Statement of Change of Registered Agent

Dear Sir or Madam:

Enclosed please find Statements of Change of Registered Agent for the 44 corporations listed on the attached exhibit, together with a check in the amount of \$1,540.00 representing a \$35.00 filing fee for each company.

If you have any questions or concerns, please contact me.

Very truly yours,

A handwritten signature in black ink that reads "Nancy C. Haire". The signature is written in a cursive style with a large, stylized "N" and "H".

Nancy C. Haire

NCH/s
Enclosures

11101 Roosevelt Blvd N
St. Petersburg, FL 33716

Toll Free: (800) 627-0000 x. 4417

Telephone: (727) 823-4000 x. 4417

Facsimile: (727) 823-6518

nhaire@bankersinsurance.com

www.bankersinsurance.com

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Assisted Living Corporation
2. The principal office address: 11101 Roosevelt Boulevard, 4th Floor, Legal Dept.
St. Petersburg, Florida 33716
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/22/95 Document number: P95000073447

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

Nancy C. Haire
360 Central Ave.
St. Petersburg, FL 33701

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nancy C. Haire
11101 Roosevelt Boulevard N, 4th Floor, Legal Dept.
(P.O. Box NOT acceptable)
St. Petersburg, FL 33716

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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.

Nancy C. Haire
(Signature of an officer or director)

Nancy C. Haire, Asst. Secretary
(Printed or typed name and title)

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.

Nancy C. Haire
(Signature of Registered Agent)

December 12, 2007
(Date)

If signing on behalf of an entity:

Nancy C. Haire
(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 (8/05)