

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6380

Please retain original filing
date of submission 12/6

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
AMERICAN SENIOR LIVING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	0304
Estimated Charge	\$35.00

ATTN: Tina
Roberts

LA Rocky

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 DEC -6 AM 9:08

Electronic Filing Menu

Corporate Filing Menu

Help



December 6, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AMERICAN SENIOR LIVING, INC.
3073 HORSESHOE DR
SUITE 100
NAPLES, FL 34104US

SUBJECT: AMERICAN SENIOR LIVING, INC.
REF: P98000041409

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The wrong form was submitted. This is a Florida profit corporation, please submit the Statement of Change of Registered Office or Registered Agent or Both For Corporations form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H12000285948
Letter Number: 512A00028986

RECEIVED
12 DEC -7 AM 8:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Senior Living, Inc.

Name of Corporation

DOCUMENT NUMBER: P98000041409

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at

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

CR2B045 (03/12)

**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 Senior Living, Inc.
2. The principal office address: 3073 HORSESHOE DR SUITE 100 NAPLES FL 34104
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/06/1998 Document number: P98000041409

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

1201 HAYS STREET

TALLAHASSEE FL 32301-2525 US

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 officer or director

Angel Nunez, Vice President

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.

By: 
Signature of Registered Agent

12/6/2012

Date

If signing on behalf of an entity:

Samantha Jones, Asst. Secretary, C T Corporation System
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 (03/12)

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DIVISION OF CORPORATIONS
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