## HARVEY-K. MATTEL

V43376

ATTORNEY AT LAW

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November 5, 1998

CERTIFIED MAIL RETURN RECEIPT REQUESTED: P 300 554 244

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: RW Realty Sales, Inc.

Charter Number: V43376

Our File No.: M-636

To Whom It May Concern:

100002683711--1 -11/09/98--01137--001 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Enclosed herewith please find:

- 1). Statement of Change of Registered Office and Agent for Seniors Housing Property Group, Inc.
- 2). Harvey Mattel check number 10054 in the amount of \$35.00 representing the filing feel.

Please proceed to file the Statement of Change, and return a certified copy of the document to me.

Thank you for your assistance. If there are any questions, please do not hesitate to call myself or Abby Gavino of my office collect.

Very ruly yours,

HARVEY MATTEL

HKM/ah

**VS** NOV 1 6 1998

cc: Seniors Housing Property Group, Inc.

Attn: Denise Reid Raska, President (w/enc.)

RA Chq.

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections of the undersigned corporation of	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, rganized under the laws of the State of Honda n order to change its registered office or registered agent, or
noth in the state of Florida.	and the same of th
1a. The name of the corporation is:	Seniors Housing Property Group, 4
1b. The mailing address of the corp	oration is: 1131 S.E. 3rd Avenue
1c. Date of incorporation:	196
	Peck  Peck  Tech
+13+ SE Ft. Lauce	Brd Avenue 900 5E 5 County 9 10 lendale, Fr 333+6 33301 800 00
Denise	w registered agent and office: (P.O. Box Not Acceptable)
Et lau	derdale, Fz 33316
The street address of its register registered agent, as changed, will	ed office and the street address of the business office of its be identical.
Such change was authorized by resonauthorized by the board.	esolution duly adopted by its board of directors or by an officer
Signature of an officer, chairman of the board	(Date)
(Printed or typed name and title)	d agent and to accept service of process for the above stated ppointmentas registered agent and agree to act in this capacity he provisions of all statutes relative to the proper and complete am familiar with and accept the obligation of my position as
(Signature of Registered Agent)	uka 10/27/98 (Date)
If signing on behalf of an entity:	
	(Capacity)
(Typed or Printed Name)  Division of Corpo	rations, P.O. Box 6327, Tallahassee, FL 32314