

N 03000007161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

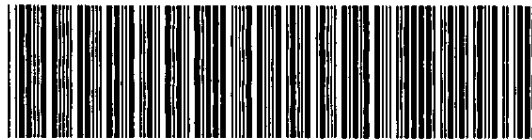
(Document Number)

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Thu, 1:43 PM
Message starred

The Restoration Center of the United Brethren, Inc. 2

FROM McKnight, Rebecca TO You

Hide Details

From

- McKnight, Rebecca
-

To

- mr.lnoel@yahoo.com

In a recent audit of our records we have discovered that your annual report was filed with an invalid registered agent. Please click on the following link to complete the change of registered agent/registered office form as soon as possible. The \$35.00 fee will be waived. Please mail the form to my attention at:

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, Fl. 32301

<http://form.sunbiz.org/pdf/cr2e045.pdf>

Becky McKnight

Regulatory Specialist Supervisor II

Division of Corporations

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE RESTORATION CENTER OF THE UNITED BRETHERN, INC.
Name of Corporation

DOCUMENT NUMBER: N03000007161

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:

LOUICIUS DUFRESNE
Name of Contact Person

Firm/Company

7522 SW 7TH STREET
Address

NORTH LAUDERDALE FL 33068
City/State and Zip Code

MR.LNOEL@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUICIUS DUFRESNE at (**754**) **235-1530**
Name of Contact Person 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

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: THE RESTORATION CENTER OF THE UNITED BRETHERN, INC
2. The principal office address: 3090 NW 60TH AVENUE
SUNRISE, FL 33313
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 8/20/2003 Document number: N03000007161

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)

THE RESTORATION CENTER OF THE UNITED BRETHERN
3090 NW 60TH AVENUE
SUNRISE, FL 33313

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

LOUCIUS DUFRESNE
7522 SW 7TH STREET
P O Box NOT acceptable
NORTH LAUDERDALE, FL 33068

2013 OCT -3 PM 1:17
FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

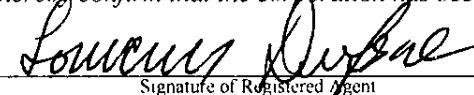
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

9-24-13
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.


Signature of Registered Agent

9-24-13
Date

If signing on behalf of an entity:

Typed or Printed Name

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