N05000008663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A. Charge

C.COULLIETTE

OCT 29 2008

EXAMINER

LAW OFFICES OF
PATRICIA R. VOSS, P.A.

PATRICIA R. VOSS, ESQ.
LLM ESTATE PLANNING
E-MAIL: PVOSS@VOSS-LAW.COM

OF COUNSEL:
THEODORE H. FULTON, JR., ESQ.
BOARD CERTIFIED: WILLS, TRUSTS & ESTATES
E-MAIL: TFULTON@VOSS-LAW.COM

RETIRED:
JAMES I. RIDLEY, ESQ.

October 22, 2008

Amendment Section
Division of Corporations
Post office Box 6327
Tallahassee, Florida 32314

Re: St. Francis Community, Inc.

To Whom It May Concern:

Enclosed please find the following documents:

1. Cover Letter;
2. Statement of Change of Registered Office or Registered Agent; and
3. Check in the amount of $35.00.

Should you require any additional information, please don't hesitate to contact me.

Sincerely,

Patricia R. Voss

Patricia R. Voss, Esq.

:ssp
Cc: Michael Massari, w/encls.
Encls.: Outlined above

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. FRANCIS COMMUNITY, INC.
(Name of Corporation)

DOCUMENT NUMBER: N05000008663

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:

PATRICIA R. VOSS, ESQ.
(Name of Contact Person)

PATRICIA R. VOSS, P.A.
(Firm/Company)

1401 EAST BROWARD BOULEVARD #303
(Address)

FORT LAUDERDALE, FLORIDA 33301-2100
(City/State and Zip Code)

For further information concerning this matter, please call:

PAT VOSS at (954) 524-5599
(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

CR2E045 (8/05)

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ST. FRANCIS COMMUNITY, INC.

2. The principal office address: 1030 NE 13 AVENUE, FORT LAUDERDALE 33304

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 08/23/2005 Document number: N05000008663

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)

MICHAEL V. MASSARI, ESQ.

20 N.E. FIRST AVENUE

DANIA, FLORIDA 33304

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TALLAHASSEE, FLORIDA

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

MICHAEL V. MASSARI, ESQ.

1030 NE 13 AVENUE
(P.O. Box NOT acceptable)

FORT LAUDERDALE 33304

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)

MICHAEL V. MASSARI - 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.

(Signature of Registered Agent)

10/20/08
(Date)

If signing on behalf of an entity:

alkfjsaldkfj
(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)