

ND90000002210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

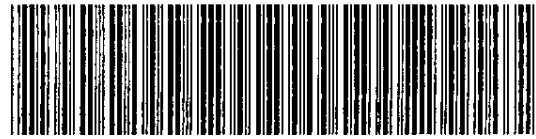
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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@ 5/12/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Samaritan Village, Inc.
Name of Corporation

DOCUMENT NUMBER: N09000002210

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:

Rhonda Stapleton
Name of Contact Person

Samaritan Village, Inc.
Firm/Company

P.O. Box 570204
Address

Orlando, FL 32857-0204
City/State and Zip Code

Samaritanvillage@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Stapleton at (407) 282-2252
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: Samaritan Village, Inc.
- 2. The principal office address: 3851 E. Colonial Drive
Orlando, FL 32803
- 3. The mailing address (if different): P.O. Box 570204
Orlando, FL 32857-0204

4. Date of incorporation/qualification: 02/27/2009 Document number: NO9000002210

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)

Rhonda Stapleton
1219 22nd Street
Orlando, FL 32805

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

Rhonda Stapleton (same)
2014 Forest Circle
P.O. Box NOT acceptable
Orlando, FL 32803

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11 MAY -5 PM 2011

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.

Rhonda Stapleton
Signature of an officer or director

Rhonda Stapleton, 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.

Rhonda Stapleton
Signature of Registered Agent

04/30/2011
Date

If signing on behalf of an entity:

Typed or Printed Name

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