

P10000047463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

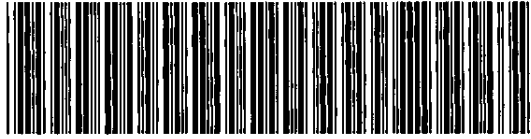
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800240905188

10/25/12--01006--013 **35.00

PA
Chen
A
10/25/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SERENITY REHABILITATION CTR

Name of Corporation

DOCUMENT NUMBER: P10000047463

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:

JORGE L. OJEDA

Name of Contact Person

SERENITY REHABILITATION CTR

Firm/Company

5545 SW 8th ST # 205

Address

CORAL GABLES, FL. 33134

City/State and Zip Code

jojeda44@hotmail.com

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

For further information concerning this matter, please call:

JORGE L. OJEDA

Name of Contact Person

at (305) 456-0979

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: Serenity Rehabilitation Center, Inc

2. The principal office address: 5545 SW 8th ST # 205 Coral Gables, Fl. 33134

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/04/2010 Document number: P10000047463

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)

Resigned

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

Jorge Luis Ojeda

5545 SW 8th ST Suite 205

P.O. Box NOT acceptable

CORAL GABLES, FLORIDA 33134

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.

JORGE L. OJEDA

Signature of an officer or director

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.

10/18/2012

Signature of Registered Agent

Date

If signing on behalf of an entity:

JORGE L. OJEDA

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