## P10000102352

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TO:

Amendment Section Division of Corporations

## COVER LETTER

Bell Senior Care Inc.
Name of Corporation

DOCUMENT NUMBER: P10000102352

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:

Anwar Syed
Name of Contact Person

Bell Senior Care Inc.
Firm/Company

1008 Plaza Drive
Address

Kissimmee, FL 34743
City/State and Zip Code

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

For further information concerning this matter, please call:

Anwar Syed at ( 313 ) 510-7938

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Bell Senior Care Inc.
2. The principal	office address: 1008 Plaza Drive Kissimmee FL 34743
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 12/20/2010 Document number: P10000102352
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	CT Corporation System
	1200 South Pine Island Road
	Plantation FL 33324 US
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Anwar Syed
	1008 Plaza Drive
	P.O. Box NOT acceptable  Kissimmee FL 34743
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	ns authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatur	Anwar Syed - President Printed or typed name and little
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
<u>Uni</u>	nature of Registered Agent Object
If signing on be	half of an entity:
Ту	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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