

12/1/2020

Division of Corporations

H20000410204 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

17000101574

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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REGISTERED AGENT CHANGE
57TH AVENUE CARE INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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12/1/2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 57th Avenue Care Inc
Name of Corporation

DOCUMENT NUMBER: P17000101574

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:

Yaffa Markowitz
Name of Contact Person

Vintage Health Care
Firm/Company

2811 Campus Hill Dr
Address

Tampa, FL 33612-9213
City/State and Zip Code

yaffa.markowitz@vintagehc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaffa Markowitz at (305) 788-9693
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: 57th Avenue Care Inc
2. The principal office address: 400 RELLA BLVD, STE. 200 MONTEBELLO, NY 10901
3. The mailing address (if different):

4. Date of incorporation/qualification: 12/28/2017 Document number: P17000101574

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)
VCORP SERVICES, LLC
5011 SOUTH STATE ROAD 7, STE. 106
DAVIE FL 33314

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
Tallahassee FL 32301

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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 Bleich, Principal

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.

By: Amanda Robinson Signature of Registered Agent Date: 12/01/2020

If signing on behalf of an entity: Amanda Robinson Typed or Printed Name

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