

PD40000 13742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AC
E. DENNARD
8/3/10

Malave, Erin

From: Felix Padron [felix@samynursingcorp.com]
Sent: Monday, August 02, 2010 1:51 PM
To: CorpAddressChange
Subject: Change of address

Attachments: Samy Nursing Corp Change of Address.pdf



Samy Nursing
rp Change of Ac

Dear Sirs;

Attached please find form CR2E045 requesting an address change for our corporation. Please advice what other steps we need to take in order to complete this process.

*Thank you,
Felix P Padron
Director of Operations
Samy Nursing Corporation
4234 W. 16th Avenue
Hialeah, FL 33012
(305) 828-1396 Main
(305) 825-1963 FAX
(305) 308-5429 Cell
www.samynursingcorp.com*

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**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: Samy Nursing, Corp
2. The principal office address: 4234 W 16th Avenue, Hialeah, FL 33012
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 01/20/2004 Document number: P04000013742
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)

Ernesto Diaz

5801 W. 2ct

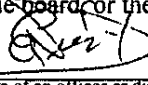
Hialeah, FL 33012

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

P.O. Box NOT acceptable

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

Ernesto Diaz/Owner/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

07/23/2010

Date

If signing on behalf of an entity:

Ernesto Diaz

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2010

FELIX P PADRON
SAMY NURSING, CORP
4234 W 16TH AVE
HIALEAH, FL 33012

SUBJECT: SAMY NURSING, CORP
Ref. Number: P04000013742

We have received your document for SAMY NURSING, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A change of registered agent form cannot be used solely to make a change in the principal office address of the corporation. This change can be sent to us by using this email address: corpaddresschange@dos.state.fl.us

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 310A00018179