N96000001837

(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



100242225631

12/20/12--01025--014

**35.00

i. 70 h

FILED
12 DEC 20 PH 2: 58
SHAPE STATE
SHAPE SHAPE STATE
SHAPE SHAPE SHAPE
SHAPE SHAPE SHAPE
SHAPE SHAPE SHAPE
SHAPE SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE
SHAPE SHAPE
SHAPE SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE
SHAPE

IDEC 2 1 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Roseaire Retreat, Inc.

Name of Corporation

DOCUMENT NUMBER: N96000001837

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:

Irene Lobon

Name of Contact Person

Roseaire Retreat, Inc.

Firm/Company

14281 Gallagher Road

Address

Delray Beach, FL 33445

City/State and Zip Code

irenelobon@hotmail.com

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

For further information concerning this matter, please call:

Juan R. Alvarez, P.E.

_{ar} 305 \640-1

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 char	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 Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: Roseaire Retreat, Inc.
2. The principal	office address: 14281 Gallagher Road
	Delray Beach, FL 33445
3. The mailing ac	ddress (if different): same as above
4. Date of incorp	oration/qualification: 04/04/1996 Document number: N96000001837
5. The name and	street address of the current registered agent and registered office on file with the ament of State: (If resigned, enter resigned)
	Robert J. Alwine
	1441 Brickell Avenue, Suite1400
	Miami, Florida 33131
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.
	Robert J. Alwine / Manos, Alwine & Kubiliun, P.L.
	1001 Brickell Bay Drive, Suite 1200
	P.O Box NOT acceptable Miami, Florida 33131
The street address as changed will l	of its registered office and the street address of the business office of its registered agent, by identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	Juan R. Alvarez, President Printed or typed name and title
I furffer agree to performance of r agent. Or, if this	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete The complete and I am familiar with and accept the obligation of my position as registered The complete address of the composition as registered office address. I The composition has been notified in writing of this change.
1 Call	abure of Registered Agent 12/19/12 Date
If signing on beh	nalf of an entity:
Robert J.	A LWINE ped or Printed Name

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