

108000068842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

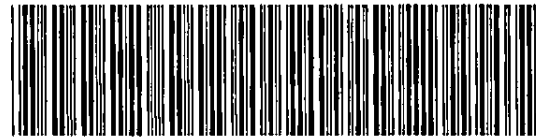
(Business Entity Name)

(Document Number)

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2017 OCT -5 PM 12:39
FALL ANGELES, FLORIDA

2017 OCT -5 AM 9:30

FALL ANGELES, FLORIDA

OCT 06 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENIOR HOUSING MANAGEMENT PROVIDER, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Lenchus ESQ.

Name of Person

SENIOR HOUSING MANAGEMENT PROVIDER, LLC

Firm/Company

2385 NW EXECUTIVE CTR DR. SUITE 100

Address

BOCA RATON, FL 33431

City/State and Zip Code

alenchus @ googlemail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Lenchus ESQ.

Name of Person

at (561) 981-6118

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2017

SENIOR HOUSING MANAGEMENT PROVIDER, LLC
200 S ROSEMART AVE STE 2
WEST PALM BEACH, FL 33401-5746

SUBJECT: SENIOR HOUSING MANAGEMENT PROVIDER, LLC
Ref. Number: L08000068842

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

FILED
2017 OCT -5 PM 12:33
TALLAHASSEE, FL

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SENIOR HOUSING MANAGEMENT PROVIDER, LLC

2. (a) 534 DATURA ST WPB, FL 33401
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 200 S. ROSEMARY AVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

UNIT 2 WEST PALM BEACH, FL
33401

3. 07/16/2008 Date of filing/registration in Florida

4. L08000068842 Document number

5. (a) RICKI KANETI MGRM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

200 S. ROSEMARY AVE UNIT 2

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WEST PALM BEACH, FL 33401

(b) Anna Lenchus ESQ.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
2385 NW EXECUTIVE CTR DR. SUITE 100

BOCA RATON, FL 33431

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] RICKI KANETI
Signature of a member or authorized representative of a member Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00