## 6/5760

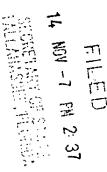
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100266197821

11/07/14--01008--002 \*\*35.00



FACH 11/21/14

## **COVER LETTER**

Division of Corporations
SUBJECT: BEVERTY Enterprises, Inc.
DOCUMENT NUMBER: 6\57120
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:
Michael McCowen Name of Contact Person
Beverly Enterprises, Inc
1920 Sundown Drive
Navarre Florida 32566 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Mc Cowen at (850) 936 0485  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 <u>Floring</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BEVERLY Enterprises, Inc. 2. The principal office address: 1920 SUNDOWN Drive
Navavre, Horida 32566  3. The mailing address (if different):
4. Date of incorporation/qualification: 03/23/1979 Document number: 15/5760
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)
Michael McCowen
7055 Pro Am Court
Navarre, Florida 32566
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael McCowen
1920 SUNDOWN Drive P.O. Box NOT acceptable
Navarre, Fl. 32566
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.
Tichael Tage Pres.  Signature of an officer or director  Michael McCower Profes.  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.
Tichal (aux 1/4/14) Signature of Registered Agent 1/4/14 Date
If signing on behalf of an entity:
Typed or Printed Name

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