

615 760

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beverly Enterprises, Inc.
Name of Corporation

DOCUMENT NUMBER: 615760

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
Firm/Company

1920 Sundown Drive
Address

Navarre Florida 32566
City/State and Zip Code

mmcco52427@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael McCowen 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 FLORIDA 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
NAVARRE, FLORIDA 32566
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/23/1979 Document number: 615760
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

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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.

Michael McCowen
Signature of an officer or director

Michael McCowen Pres.
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.

Michael McCowen
Signature of Registered Agent

11/4/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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