## 710881

| (Requ                      | uestor's Name)   |             |
|----------------------------|------------------|-------------|
| (Addi                      | 'ess)            |             |
| nbbA)                      | ress)            |             |
| (City/                     | /State/Zip/Phon  | e #)        |
| PICK-UP                    | ☐ WAIT           | MAIL        |
| (Busi                      | iness Entity Nar | me)         |
| (Doc                       | ument Number)    | )           |
| Certified Copies           | Certificate      | s of Status |
| Special Instructions to Fi | iling Officer:   |             |
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## **COVER LETTER**

| то:    | Amendment Section Division of Corporations   |
|--------|--|
| SUBJI  | ECT: Florida Presby Terian Homes Name of Corporation   |
| DOCU   | MENT NUMBER: 710 881   |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing.  |
| Please | return all correspondence concerning this matter to the following:   |
|        | Joe J. Xanthopoulos Name of Contact Person  Florida Presbyterian Homes Firm/Company  16 Lake Hunter Drive Address                                      |
|        | Lakeland. Florida. 33803-6203 City/State and Zip Code  Joe x a) Sphi orq  E-mail address: (to be used for future annual report notification)           |
|        | ` · · · · · · · · · · · · · · · · · · ·  |
| For fu | ther information concerning this matter, please call:  |
|        | Name of Contact Person at (863) 577-10033  Area Code & Daytime Telephone Number  |
| Enclos | ed is a \$35.00 check made payable to the Department of State.   |
|        | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.  |
|---|
| 1. The name of the corporation: Florida Presby Terian Homes   |
| 2. The principal office address: 16 Lake HUNTER TRIVE   |
| Lakeland, 71051da, 38803-6203   |
| 3. The mailing address (if different): as above.  |
| 4. Date of incorporation/qualification: may 12, 1966 Document number: 710 881   |
| 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)  |
| Patricia M FEKETE   |
| 16 Lake HUNTER DRIVE  |
| Lakeland, 7101ida 33803-6203  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Joe J. Xanthopoulos  16 Lake Hunter. Drive  P.O. Box NOT acceptable   |
| Joe J. Xanthopoulos  16 Lake Hunter Drive   |
| P.O. Box NOT acceptable  Lakeland, Florida 33803-620.3  |
| Lakelana, Florida 33803-6203 = 0  |
| 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 Socke Chair Signature of an officer or director  Michael Socke Chair Printedor 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 eorporation has been notified in writing of this change. |
| Signature of Registered Agent Date  |
| If signing on behalf of an entity:  |
| Toront or Printed Number 1 5.J  |

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