

713588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

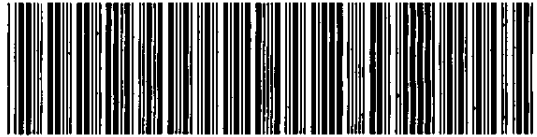
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09 OCT 26 PM 12:47
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TALLAHASSEE, FLORIDA

RA
Change

B. CORDELL OCT 27 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2009

ROGER HENDRIX
625 N. LAKESIDE DR.
LAKEWORTH, FL 33460

SUBJECT: HARBOR HOUSE NORTH, INC.
Ref. Number: 713588

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 609A00033528

RECEIVED
OCT 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HARBOR HOUSE NORTH, INC.
Name of Corporation

DOCUMENT NUMBER: 713588

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:

ROGER HENDRIX
Name of Contact Person

HARBOR HOUSE NORTH, INC
Firm/Company

625 N LAKE SIDE DRIVE
Address

LAKE WORTH, FL 33460
City/State and Zip Code

rogerbo@citiink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROGER HENDRIX at (615) 330-1819
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: HARBOR HOUSE NORTH, INC.
2. The principal office address: 101 NORTH BIRCH ROAD
FORT LAUDERDALE, FL. 33304
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/06/1967 Document number: 713588
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)

JAMES J PERROTA
101 NORTH BIRCH ROAD APT 501
FORT LAUDERDALE, FL 33304

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROGER HENDRIX
625 N LAKESIDE DRIVE
LAKE WORTH, FL 33460

P.O. Box NOT acceptable

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TALLAHASSEE FL 32314

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.

[Signature]
Signature of an officer or director

TREASURER
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.

[Signature]
Signature of Registered Agent

10-12-2009
Date

If signing on behalf of an entity: [Signature]

VINCENT MEGHA TREASURER
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)