121514

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bus	iness Entity Nar	me)
· (Doo	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

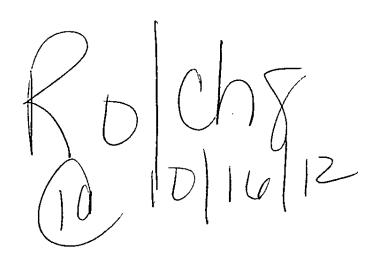




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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Temple in the Pines, Inc. Name of Corporation
DOC	UMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Name of Contact Person Temple in the Pines, Inc Firm/Company S850 S Pine Island Road Address Davie, F1 33328 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fi	Name of Contact Person at (454) 431 - 5100 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, 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 Statutes.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Temple in the Pines, Inc. 2. The principal office address: 5850 500 th Pine Island Road D. ANIR, F1 3 3 328
2. The principal office address: 5850 South Pine Island Road
D. ANIR, F1 3 3 3 2 8
3. The mailing address (if different):
4. Date of incorporation/qualification: 928/13 Document number: 121514
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)
Kapneck, Aviaham
9730 Stirling Road
Cooper City FJ 33024
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kapneck, Avrahan
5850 South Pines Island Road
Kapneck, Avrahan 5850 South Piner Island Road P.O. Box NOT acceptable DAVIE, F1 33328
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 of an officer or director Cyasg Toll Treasure/ Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag ree to co mply 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.
10/12/15
Signature of Registered Agent If signing on behalf of an entity:
Typed or Printed Name

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