

BO2000000216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

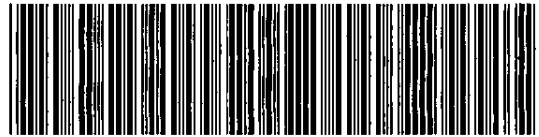
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Change of RA

BO2 - 216

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03/01/10--01042--016 **285.00

FILED
10 MAR - 2 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

MAR 3 - 2010

EXAMINER

NATIONAL

Corporate Services, LLC

February 26, 2010

Division of Corporations
Florida Department of State
Clifton Building
P.O. Box 6327
Tallahassee, FL 32314

RE: Change of Registered Agent and Office

Dear Filing Officer:

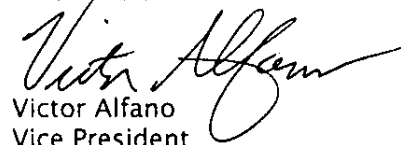
Please file the attached change of agent forms for the following entities:

1. Florida Preferred Care Health Facilities III, Inc.
2. Hacienda Care VI, L.P.
3. PCPMG, LLC
4. Pinnacle Health Facilities GP II, LLC
5. Pinnacle Health Facilities XXIII, L.P.
6. Pinnacle Health Facilities XXIV, L.P.
7. Pinnacle Health Properties VI, L.P.
8. Preferred Care Partners Management Group, L.P.
9. West Gables Facility, Inc.

Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,



Victor Alfano
Vice President

Encl.

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Hacienda Care VI, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/17/2002

Date of filing/registration in Florida

3. 02000000216

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Capitol Corporate Services, Inc.

Name

155 Office Plaza Drive, Suite A

Address

Tallahassee, FL 32301

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box not acceptable)

Weston

FL 33331

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.



Signature of General Partner Robert J. Riek, Secretary of West Gables Facility, Inc.

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 an accept the obligations of my position as registered agent.

NRAI Services, Inc.

by: 

Signature of Registered Agent Victor Alfano, Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

FILED
10 MAR -2 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA