## F08000003316

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SECRETARY OF STATE
VISION OF CORPORATIONS

RACIQ. C.COULLIETTE OCT - 7 2011

**EXAMINER** 



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 932672 7851786

AUTHORIZATION C

COST LIMIT

ORDER DATE: October 3, 2011

ORDER TIME : 10:42 AM

ORDER NO. : 932672-007

CUSTOMER NO: 7851786

## CHANGE OF AGENT

NAME: INTERSTATE IMPROVEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi ir to change its registered office or registe	ized under the laws of the State of Minne	esota	_
1. The name of	the corporation: INTERSTATE IMPR	OVEMENT, INC.		
2. The principal				
<b>-</b>	address (if different):			
4. Date of incorp	poration/qualification: 07/28/2008	Document number: F0800000331	6	
5. The name and	I street address of the current registered ag tment of State:	gent and registered office on file with the		
	NRAI Services, Inc.			
	515 E. Park Avenue			
	Tallahassee, FL 32301		f OCT -6	SION
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered office	7	ARY OF CORP
	Corporation Service Company		<b>வ</b>	S AI
	1201 Hays Street		45-	Q.
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its regis	tered ag	ent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an office tified in writing of the change.	r so	
Mulli (Signatu	Maureen Cathell, Vice President (Printed or typed name and title)			
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the been notified in writing of this change.  The Service Company	ites relative to the proper and complete :	perform t. Or, if firm thai	ance this the
By: C	u Company	10/03/2011		
✓(Signing on be	nature of Registered Agent) half of an entity:	(Date)		
• -	et, Asst. Vice President			
Γ)	yped or Printed Name)			

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

10/10/11

CORPORATE DETAIL RECORD SCREEN

NUM: P07000065307 ST:FL ACTIVE/FL PROFIT

FLD: 06/01/2007

LAST: AMENDMENT

FLD: 10/07/2011

FEI#: 26-0484481

NAME

: FERREIRO SENIOR CARE, INC

PRINCIPAL: 15942 SW 61 LN

ADDRESS

MIAMI, FL 33193

RA NAME : MOLINA, MAYDELIN

RA ADDR : 13370 SW 17 LN

#5

MIAMI, FL 33175 US ANN REP : (2009) W 03/23/09

(2010) W 01/25/10 (2011) W 02/14/11

CHANGED: 03/08/08

NAME CHG: 07/15/08

ADDR CHG: 07/15/08

1:00 PM

1. MENU, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: