

J89119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAO
8/15/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRESTIGE LIVING INC.

Name of Corporation

DOCUMENT NUMBER: J89119

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:

BRUCE L. SANDE

Name of Contact Person

PRESTIGE LIVING INC.

Firm/Company

1002 PALM BEACH TRACE DR.

Address

ROYAL PALM BEACH FL.33411

City/State and Zip Code

sande50@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE L. SANDE

Name of Contact Person

at (561) 790-3721

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2013

BRUCE SANDE
1002 PALM BEACH TRACE DR
ROYAL PALM BEACH, FL 33411

SUBJECT: PRESTIGE LIVING, INC.
Ref. Number: J89119

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

Part 6 must be filled out with the name and address of the new registered agent. There can be only one agent.

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) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 913A00018460

**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 USA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PRESTIGE LIVING INC.
2. The principal office address: 1002 PALM BEACH TRACE DR.
ROYAL PALM BEACH, FLORIDA 33411
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/23/1987 Document number: J89119

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)

BRUCE L. SANDE

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

BRUCE L SANDE
1002 PALM BEACH TRACE DR
P.O. Box NOT acceptable
ROYAL PALM BEACH, FL 33411

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.

Bruce L. Sande

Signature of an officer or director

BRUCE L. SANDE PST

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.

Bruce L. Sande

Signature of Registered Agent

JULY 23, 2013

Date

If signing on behalf of an entity:

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 (03/12)

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13 AUG 14 PM 1:12
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