

# K 70029

\_\_\_\_\_  
(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



900314476359

RECEIVED JUN 14 2018 4:47 PM

FILED  
18 JUN 14 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 15 2018  
S. YOUNG

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

1. The name of the corporation: Wifespan Services Inc
2. The principal office address: 7702 Massachusetts Ave  
New Port Richey, FL 34653
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/3/1989 Document number: K70029
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)

Bonnie Martin  
6030 Oak Ridge Ave  
New Port Richey, FL 34653

FILED  
18 JUN 14 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Alyssa Visalli  
3432 Claibes Ct  
P.O. Box NOT acceptable  
New Port Richey, FL 34655

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.

Alyssa Visalli  
Signature of an officer or director

Alyssa Visalli Executive Director  
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.*

Alyssa Visalli  
Signature of Registered Agent

6/11/18  
Date

If signing on behalf of an entity:

Alyssa Visalli  
Typed or Printed Name

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

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lifespan Services Inc.  
Name of Corporation

DOCUMENT NUMBER: K70029

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:

Christine Conte  
Name of Contact Person

Lifespan Services Inc  
Firm/Company

7702 Massachusetts Ave  
Address

New Port Richey FL 34653  
City/State and Zip Code

cconte@lifespanservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Conte at (727) 847-8669  
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