

K97804

Harold Stewart

(Requestor's Name)

3126 Thomaville Rd

(Address)

Tallahassee, FL 32308

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☒ MAIL

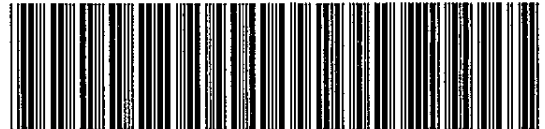
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15/11/04--01087--022 **35.00

FILED
04 MAY 13 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FL 32304

RECEIVED
04 MAY 10 PM 1:00
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FL 32304

R. A. Chang

G. Ouellette MAY 13 2004



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 10, 2004

HAROLD STEWART
3126 THOMASVILLE RD.
TALLAHASSEE, FL 32308

SUBJECT: SENIOR CARE PROPERTIES, INC.
Ref. Number: K97804

We have received your document for SENIOR CARE PROPERTIES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have completed the wrong form. If you intend to change the Registered Agent for this corporation, you need to complete the enclosed form. You will also need to show the correct name of the corporation with no dba name showing. Please note the correct name is showing at the top of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 704A00032288

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Senior Care Properties, Inc.

2. The mailing address of the corporation : 3126 Thomsville Rd.
Tallahassee, Fla. 32308

3. Date of incorporation/qualification: _____ Document number: K97804

4. The name and address of the current registered agent and registered office:

Doris G. Stewart
3126 Thomsville Rd.
Tallahassee, Fla. 32308

5. The name and address of the new registered agent (if changed) and /or registered office (if changed)
(P.O. Box NOT Acceptable)

Harold L. Stewart Sr.
3126 Thomsville Rd.
Tallahassee Fla. 32308

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.

Harold L. Stewart Sr. President _____
(Signature of an officer, chairman or vice chairman of the board) (Date)

Harold L. Stewart Sr. President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Harold L. Stewart Sr. MAY 13 04
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

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MAY 13 PM 12:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE