

LO7000086826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

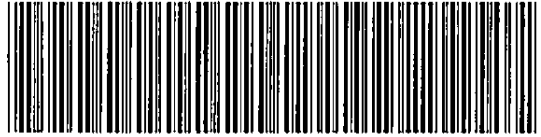
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700440054147

11/25/24--01005--011 **35.00



SEC. DEPT OF STATE
TALLAHASSEE, FL

2024 NOV 25 PM 4:13

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAMPTON COURT NURSING CENTER, LLC
Name of Corporation

DOCUMENT NUMBER: L07000086826

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:

ADAM G. RABINOWITZ, ESQ.

Name of Contact Person

MOORE RABINOWITZ LAW

Firm/Company

1776 N. PINE ISLAND RD., SUITE 102

Address

PLANTATION, FL 33324

City/State and Zip Code

ADAM@MR-LAWYERS.COM

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

For further information concerning this matter, please call:

ADAM G. RABINOWITZ

Name of Contact Person

at (754) 216-5300

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

2024 NOV 25 PM 4:13
STATE OF FLORIDA
TALLAHASSEE, FL
40

FILED

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

1. The name of the corporation: HAMPTON COURT NURSING CENTER, LLC
2. The principal office address: 16100 NW 2ND AVENUE
NORTH MIAMI BEACH, FL 33169
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/23/2007 Document number: L07000086826
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)

Deborah L. Moskowitz, Esq. at Quintairos, Prieto, Wood & Boyer, P.A.

255 S. Orange Avenue, 9th Floor

Orlando, FL 32801

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

Adam G. Rabinowitz, Esq. at MOORE RABINOWITZ LAW

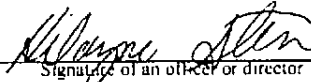
1776 N. PINE ISLAND RD., SUITE 102

P.O. Box NOT acceptable

PLANTATION, FL 33324

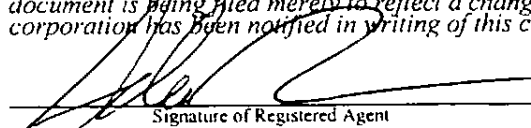
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

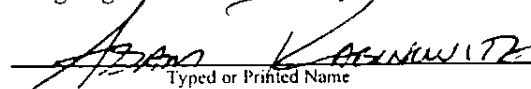
Helayne Stern, Managing Member
Printed or typed name and title

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.


Signature of Registered Agent

11-20-24
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 (04/13)

FILED
2021 NOV 25 PM 4:13
SEAL OF THE STATE
TALLAHASSEE, FL