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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Gold Standard of Care of St. Petersburg, LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ricki Raveti Name of Person Florida Assisted Living Management Provider Firm/Company Address Ricki Raveti Raveti				
City/State and Zip Code ds @ gold Standard of Care. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Dmitriy Shirqana at (954) 283-1048 Name of Poston Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following an	nount: \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name	of the limited liability company: Gold Shada.	rd of lane of St. Pertarsburg, LIC
	(a) Pri	incipal office address of limited liability company: Note: MUST BE STREET ADDRESS)	
	(b) M	ailing address of limited liability company: Note: MAY BE POST OFFICE BOX)	904 Manater Way Hollywood, FL 35019 UN
		10/5/2011 of filing/registration in Florida 4	L110bb114279 5 8
3.	Date o	of filing/registration in Florida 4	Document number
5.	(a) Registered Agent and Registered Office shown on the records of the Florida Depti of State:		
	R	egistered Agent:	Sorsher, alex 200
	R	egistered Office Address:	1500-1 N. State Chia LA Hollywood, FL 33021
	(b) E1	nter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
	<u>N</u>	EW Registered Agent:	Ricki Kaneti
		EW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	Florida Assisted Living Managuet Provider 200 E. Las Olas Blud - Ste. 2030 Ft. Lauderdale ,FL 33301
an lia th	nfirme d the b bility o e meml	ited liability company is not organized under the lad that after the change or changes are made, the Flousiness office of the registered agent will be identicompany, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwisting agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited

Drifty Shiveavov Printed or typed name of signee 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 obligations of my position as registered agent as provided for in Chapter 608, F. D. Or, if this document is being filed to merely reflect a change in the registered office address I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Signature of a member or authorized representative of a member