## L22103

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: Seniors "R" Able, Inc. (Name of Corpo	ration)		
DOCU	UMENT NUMBER: L22103			
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:				
	Jennifer L. Williamson, Esq. (Name of Contact	Person)		
Crary-Buchanan (Firm/Company)				
555 Colorado Ave. (Address)				
	Stuart, FL 34994	·		
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Jennif	fer L. Williamson at (Name of Contact Person)	(772 ) 287-2600 (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		

## \_ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida irrepresent to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Seniors "R" Able, Inc.
2. The principal	office address: 406 NW 4th St., Okeechobee, FL 34972
3. The mailing a	address (if different): P.O. Box 759, Okeechobee, FL 34973
4. Date of incor	poration/qualification: 10/10/1989 Document number: L22103
	d street address of the current registered agent and registered office on file with the rtment of State:
	Faye A. Haverlock
	309 SW 15th St.
	Okeechobee, FL 34974
6. The name and (if changed):	Faye A. Haverlock  309 SW 15th St.  Okeechobee, FL 34974  I street address of the new registered agent (if changed) and /or registered office
	Jennifer L. Williamson, Esq.
	555 Colorado Ave.
	(P.O. Box NOT acceptable) Stuart, FL 34994
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Say (Signal	and the second of the Fayer the Hard or typed name and true lack, Masta Ent
I hereby accept I further agree to of my duties, an document is bei corporation	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	Elle 5-23-06
	half of an entity:
(")	Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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