

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
INDEPENDENT LIVING COMMUNITY SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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SEP 23 2020

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 SEP 22 AM 11:12

2020 SEP 22 PM 4:26



September 22, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

INDEPENDENT LIVING COMMUNITY SERVICES, INC.

5201 BLUE LAGOON DRIVE.

SUITE 270

MIAMI, FL 33126

SUBJECT: INDEPENDENT LIVING COMMUNITY SERVICES, INC.

REF: N03000004550

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have submitted a form for an Alien Business Corporation, but the entity is registered as a Non-Profit Corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H20000325871
Letter Number: 020A00018113

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: Independent Living Community Services, Inc.
2. The principal office address: 5200 BLUE LAGOON DRIVE, SUITE 500, MIAMI, FL 33126
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/30/2003 Document number: N03000004550
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)

CABRERA, SUSY, ESQ.

5200 BLUE LAGOON DRIVE, SUITE 500

MIAMI, FL 33126

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

Corporate Creations Network Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

/s/ Caitlin Lazarus

Signature of an officer or director

Caitlin Lazarus, Attorney-in-Fact

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.

/s/ Caitlin Lazarus

Signature of Registered Agent

09/22/2020

Date

If signing on behalf of an entity:

Caitlin Lazarus, Special Secretary

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)

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