

N040000004683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

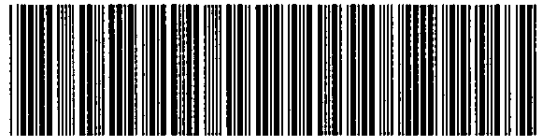
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TALLAHASSEE, FLORIDA

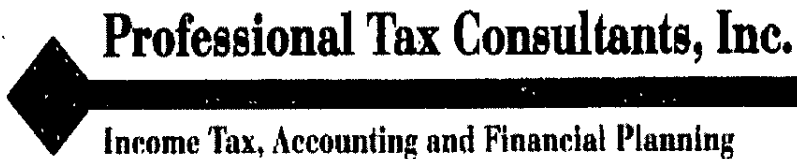
2009 DEC 14 AM 9:32

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R.A.

TB

DEC 17 2009



Memo

To: Florida Department of State
From: Karin G Nelson, EA
CC:
Date: December 10, 2009
Re: Adopt-A-Nursing Home and Assisted Living Facilities, Inc.

Attached please find a "correction" to the reinstatement application that was filed on November 12, 2009. There was a typographical error that I did not catch at the time in the address for the registered agent which is our firm.

The correct address is Avenue K, not Avenue C. I realize that this could have been corrected on the 2010 Annual Report which will be available shortly, but I felt that it was better to get this done before the end of the year to ensure that any possible mailing will be properly addressed.

Karin G Nelson

Registered Agent

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adopt A Nursing Home and Assisted Living Facilities
Name of Corporation

DOCUMENT NUMBER: N04000004683

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:

Karin G Nelson, EA
Name of Contact Person

Professional Tax Consultants, Inc.
Firm/Company

314 AVENUE K, SE
Address

WINTER HAVEN, FL 33880-4147
City/State and Zip Code

karin@ptcfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin G Nelson, EA at (863) 294-5462
Name of Contact Person 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**

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: Adopt A Nursing Home and Assisted Living Facilities, Inc.

2. The principal office address: 233 MAGNOLIA RUN

LAKE ALFRED, FL 33850

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/07/2004 Document number: N04000004683

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)

Professional Tax Consultants, Inc.

314 AVENUE C, SE

WINTER HAVEN, FL 33880-4147

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

Professional Tax Consultants, Inc.

314 Avenue K, SE

P.O. Box NOT acceptable

WINTER HAVEN, FL 33880-4147

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Karin G. Nelson
Signature of an officer or director

Karin G Nelson, Director
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.

Karin G. Nelson
Signature of Registered Agent

December 10, 2009
Date

If signing on behalf of an entity:

Professional Tax Consultants, Inc.

Typed or Printed Name

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