N04000000092

(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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RA RO Change



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SCURETARY OF STATE

TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: GOLDEN RESCUE IN NAPLES, INC. (Name of corporation)		
DOC	UMENT NUMBER: N04000006092		
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.	•
Please	e return all correspondence concerning this matter to the following:		
	MARY ELLEN METRO (Name of contact person)		• . •
		DATI SEL	
• •	(Firm/Company)	E B	<u></u>
	720 TURKEY OAK LANE (Address)	-2. PM ARY OF S ASSEE, FI	TED
	NAPLES, FL 34108-8550 (City/state and zip code)	PM 4: 40 OF STATE E, FLORIDA	
For fu	rther information concerning this matter, please call:		٠
	'ELLEN METRO at (239) 514-2715		
	(Name of contact person) (Area code & daytime telepho	one number)	•, •
Enclos	sed 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 409 E. Gaines Street Tallahassee, FL 32399	m BowerPey, Lee (A) Bet 1.	. Foresta

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organization in order to change its registered office or register	zed under the laws of the State of FLORIDA
1. The name of the corporation: GOLDEN RESCUE IN N	
2. The principal office address: 720 TURKEY OAK LANE	
3. The mailing address (if different):	
4. Date of incorporation/qualification; 06/18/2004	Document number; N04000006092
5. The name and street address of the current registered age Florida Department of State:	ent and registered office on file with the
JEFFREY R. STOLL, ESQ.	<u> </u>
888 SE THIRD AVENUE., SUITE 400	
FORT LAUDERDALE, FL 33316	PLU BE T
6. The name and street address of the new registered agent (if changed): JERILYN L. GUISE	(if changed) and /or registered office STORY
2570 NW 94 WAY	. Ou which is subsequently a so in a protect and constitution of the constitution of t
(P.O. Box NOT acceptable) SUNRISE, FL 33322	
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been noti	
(Signature of an officer or director)	MARY ELLEN METRO (Printed or typed name and title)
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete performance tation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
(Signature of Rogistered Agent)	11/22/04 (Date)
If signing on behalf of an entity:	

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