

140500007242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

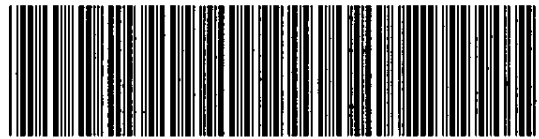
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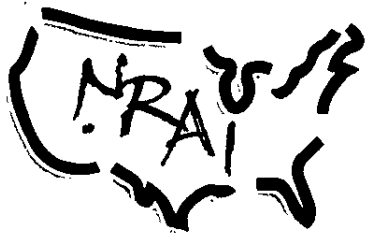


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FILED
2009 OCT 19 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
Change
SL



National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

October 13, 2009

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Buena Vida Health Services, Inc.
Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, Buena Vida Health Services, Inc. please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson
National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Buena Vida Health Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N05000007242

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:

Matt Thompson

(Name of Contact Person)

National Registered Agents, Inc.

(Firm/Company)

11600 College Blvd., Suite 210

(Address)

Overland Park, KS 66210

(City/State and Zip Code)

For further information concerning this matter, please call:

Matt Thompson

(Name of Contact Person)

at (800) 550-6724

(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: Buena Vida Health Services, Inc.
2. The principal office address: 2129 W New Haven Ave
W Melbourne, FL 32904
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/15/2005 Document number: N05000007242
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Charles H Lam
13490 Old Livingston Road
Naples, FL 34109

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

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

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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.

Charles Lam
(Signature of an officer or director)

Charles Lam
(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.

NRAI Services, Inc.,

By: Matt Thompson
(Signature of Registered Agent)

10/13/2009
(Date)

If signing on behalf of an entity:

Matt Thompson, Assistant Secretary
(Typed or Printed Name)

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