

NO9000009472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

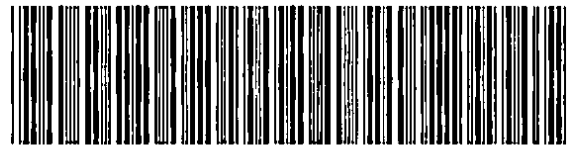
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2019 FEB 22 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 23 2019  
C. McNAIR

## COVER LETTER

TO: Amendment Section  
Division of Corporations

2019 FEB 22 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: MYRTLE'S RETIREMENT HOME INC  
Name of Corporation

DOCUMENT NUMBER: NO9000009472

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:

JOAN WILLIAMS  
Name of Contact Person

MYRTLE'S RETIREMENT HOME INC  
Firm/Company

50 NW 104 TERRACE  
Address

MIAMI / FLORIDA 33169  
City/State and Zip Code

MYRTLESUCKIE@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAN WILLIAMS at ( 305 ) 653-4436  
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: MYRTLE'S RETIREMENT HOME INC.
2. The principal office address: 50 NW 184 TERRACE MIAMI, FL 33169
3. The mailing address (if different): 50 NW 184 TERRACE MIAMI, FL 33169
4. Date of incorporation/qualification: 09/21/2009 Document number: N09000009472
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)

MYRTLE SUCKIE  
50 NW 184 TERRACE  
MIAMI, FL 33169

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

JOAN WILLIAMS  
50 NW 184 TERRACE  
MIAMI, FL 33169

P.O. Box NOT acceptable

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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.

C. Williams  
Signature of an officer or director

CHEYANNE J WILLIAMS ADMINISTRATOR  
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.*

Williams  
Signature of Registered Agent

February 12, 2019  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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