

N100000008011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

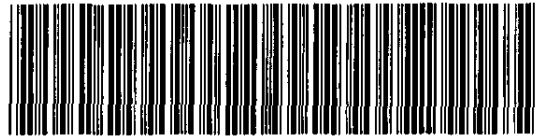
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11-25-11

Rivera, Maribel

From: support@floridaincorporator.com
Sent: Friday, January 14, 2011 6:14 PM
To: CorpAddressChange
Cc: support@floridaincorporator.com
Subject: ALPHA HOUSE ASSISTED LIVING FACILITY-TRANSITIONAL HOUSING, INC. - N10000008011 - Request for change of business address

To Florida Department of State - Division of Corporations -
corpaddresschange@dos.state.fl.us,

This is a request for change of address for:

Business Name: ALPHA HOUSE ASSISTED LIVING FACILITY-
TRANSITIONAL HOUSING, INC.
Document Number: N10000008011

This request for change of address was submitted to us by:

Representative Name: Renee M. Lee

The new business address(es) is/are:

Principal Address

3451 16th Avenue N
St. Petersburg FL 33713 US

Mailing Address

3451 16th Avenue N
St. Petersburg FL 33713 US

If you have any questions or concerns, feel free to contact our Support Team
at support@floridaincorporator.com.

Best regards,

Support Team
Florida Incorporator™
Phone: 1-888-800-9573
Fax: 1-800-824-4954
Email: support@FloridaIncorporator.com
<http://www.FloridaIncorporator.com>

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