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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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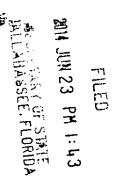
Office Use Only



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RACUSE

06/23/14--01024--006 **35.00



19/14

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 5+able Place, Inc. Name of Corporation
DOCUMENT NUMBER: N/20060/0 888
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:
Name of Contact Person Stable Place Firm/Company
Stable Place Firm/Company
<u>Do</u> <u>Boy</u> <u>30334</u> Address
Fort Locker July F(33303 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 600 2630 Area Code & Daytime Telephone Number
Name of Contact reison 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

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
1. The name of the corporation: 5+3b/2 Place, Inc
2. The principal office address: 5020 SW 73 ⁻⁷ Aug Device FC 33324
3. The mailing address (if different): PO Box 30334 Fort Lauderdale F(33303
4. Date of incorporation/qualification: 11/19/2012 Document number: 11/2 00010 888
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)
Dr. Heather Kuhl 550 =
10390 West Cypress Court
D 1 7 2000
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Dr. Shelley breen
250/ NE24 Terr. P.O. Box NOT acceptable
Ft. Loududale, FL 33305
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.
Signature of an officer or director Note of the Signature of an officer or director Note of the Signature of an officer or director
herely 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.
Signature of Registered Agent Only Date
If signing on behalf of an entity:
Sheller Green

* * * FILING FEE: \$35,00 * * *