

N15790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

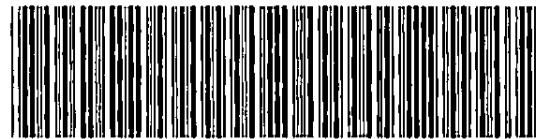
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200319823982

10/23/18--01014--022 **105.00

FILED
2018 OCT 23 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R A / change

OCT 30 2018

1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHANDS AT LAKE SHORE, INC.

Name of Corporation

DOCUMENT NUMBER: N15790

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:

BERNABE ICAZA

Name of Contact Person

UF HEALTH SHANDS LEGAL SERVICES

Firm/Company

P. O. BOX 100303

Address

GAINESVILLE, FL 32610

City/State and Zip Code

icazab@shands.ufl.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERNABE ICAZA

Name of Contact Person

at (352) 627-9045

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: SHANDS AT LAKE SHORE, INC.
2. The principal office address: 368 FRANKLIN STREET
LAKE CITY, FL 32055
3. The mailing address (if different): P. O. BOX 100303
GAINESVILLE, FL 32610
4. Date of incorporation/qualification: July 10, 1986 Document number: N15790
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)

JAMES M. ROBERTS

3007 S.W. WILLISTON ROAD, SUITE 1A

GAINESVILLE, FL 32608

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

BERNABE ICAZA

3007 S.W. WILLISTON ROAD, SUITE 1A

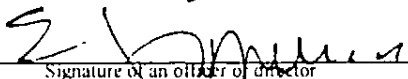
P O Box NOT acceptable

GAINESVILLE, FL 32608

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.

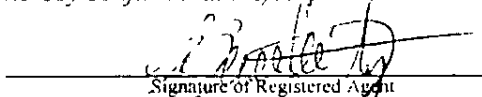
X


Signature of an officer or director

EDWARD JIMENEZ, Chief Executive Officer

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.


Signature of Registered Agent

10/13/18
Date

If signing on behalf of an entity:

BERNABE ICAZA

Typed or Printed Name

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

FILED
2018 OCT 23 AM 10:12
STATE OF FLORIDA
TALLAHASSEE