

N95 000000 4480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

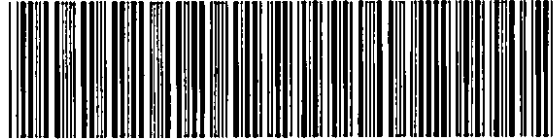
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

04  
5/27

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** River Garden Geriatric Training Center, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N95000004480

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:

Betty Sorna

Name of Contact Person

River Garden Geriatric Training Center Inc.

Firm/Company

11401 Old St. Augustine Road

Address

Jacksonville, FL 32258

City/State and Zip Code

bsorna@rivergarden.org

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

For further information concerning this matter, please call:

Betty Sorna

Name of Contact Person

at (904) 260-1818

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: River Garden Geriatric Training Center, Inc.
2. The principal office address: 11401 Old St. Augustine Road, Jacksonville, FL 32258
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/18/1995 Document number: N95000004480
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)

Martin Goetz

11401 Old St. Augustine Rd

Jacksonville, FL 32258

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

Mauri Mizrahi


11401 Old St. Augustine Rd

P.O. Box NOT acceptable

Jacksonville, FL 32258

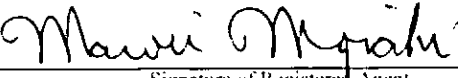
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Betty Sorna, CFO  
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

4-1-2021  
Date

If signing on behalf of an entity:

Mauri Mizrahi  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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