

PO0000032167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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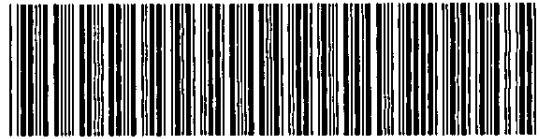
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Date: 01/29/2016

Account #: I20000000088

Name: Darian Shump

Reference #: C015105

ENTITY NAME: BRANDYWINE CONVALESCENT CENTER, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: \_\_\_\_\_

Authorized Amount: 35.00

Signature: \_\_\_\_\_

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: [info@nationalcorp.com](mailto:info@nationalcorp.com) Website: [www.nationalcorp.com](http://www.nationalcorp.com)

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Authorized Amount: 35.00

Signature: 

**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: Brandywine Convalescent Center, Inc.
2. The principal office address: 335 Glen Club Drive, DeBary FL 32713
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/27/2000 Document number: P00000032167
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)

L.P. Herzog

240 Eagle Estates Drive, DeBary FL 32713

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

NATIONAL CORPORATE RESEARCH, LTD., INC.

115 North Calhoun Street, Suite 4

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

W. Stewart Swain, Vice-President

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.*

January 29, 2016

  
Signature of Registered Agent

Date

If signing on behalf of an entity:

Brandie Sullivan, Assistant Secretary

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 (03/12)