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LURETARY OF STATE ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: millennium House of Southwest FIGRIDA, Inc. (Name of corporation)
DOCUMENT NUMBER: P0000077735
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:
CINDI K RYERSON (Name of person)
Millennium House of Southwest Florida, Inc. (Name of firm/company)
8951 Bonita Beach Rd. # 297 (Address)
BONTA SPRINGS, FIORIDA 34135 (City/state and zip code)
For further information concerning this matter, please call:
CINDIK RUERSON at (839) 993-5513 (Name of person) (Area code & daytime telephone number) Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

HILED

03 JUN-9 PM 2: 00

SECRETARY OF STATE

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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	3, Florida Statutes,
		ation organized under the laws of t stered office or registered agent, o	· · · · · · · · · · · · · · · · · · ·
of Florida.			
1. The name of the	ne corporation: <u>millenniui</u>	m House of Scuttwes	T Florida Inc
2. The principal of	office address: 8951 Bun	ITA BROCH Rd # 297	
	BON MA S	prings, Florida 3413	5
3. The mailing ac	Idress (if different):		
4. Date of incorp	oration/qualification: 8 70	-2000 Document number:	P0000007773
5. The name and Florida Depart	ment of State:	stered agent and registered office or	
_	CIMOI K 1	Procunier	**************************************
_	1466 XAU	IER AUE S.	
_	et myers	5, FIORIDA 34135	<u>.</u> .
6. The name and changed):	l street address of the new regis	stered agent (if changed) and /or r	egistered office (if
-	CINDI K	RYERSON	
_	P.O. Box or personal	Mailbox NOT acceptable)	
_	FT my	ers, Florida 34135	-
		street address of the business offic	
		dopted by its board of directors or een notified in writing of the chang	
		CINDIK RYERSON (Printed or typed name and title	
perjormance oj n registered agent.	ny auties, and 1 am jamiliar with Or, if this document is being fil	ent and agree to act in this capaci ill statutes relative to the proper an and accept the obligation of my p led merely to reflect a change in th tion has been notified in writing of	osition as ie registered
<u> </u>	ature of Registered Agent)	(Date)	
If signing on behalf	of an entity:		03. JALL
(Ту	ped or Printed Name)	(Capacity)	
	* * * FILING	FEE: \$35.00 * * *	ASSI
	MAKE CHECKS PAYABLE TO FLORIDA I DIVISION OF CORPORATIONS, P.O. B		PH 2: 00 OF STATE EE, FLORIDA