

PO1000079644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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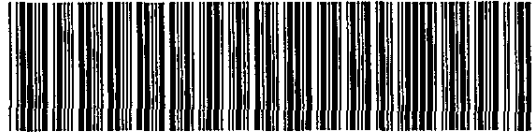
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

G. Coulllette NOV 04 2005

ELDERCHOICE OF PALM BEACH, INC.

**2500 Quantum Lakes Drive, Suite 203
Boynton Beach, Florida 33426**

November 2, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Subject: Document Number P01000079644 ElderChoice of Palm Beach, Inc.

Enclosed please find a copy of the minutes of our meeting where 10% of shares of ElderChoice, Inc. Was transfered from Jacqueline Scripa to Cynthia A. Adams on October 3, 2005. Please also note that Cynthia A. Adams is now President and Treasurer, and that Jacqueline Scripa is Vice President and Secretary still maintaining 90% of the shares.

You will also find enclosed a statement of change in registered office and registered agent for the above Company .

If there is any other information you might need, please do not hesitate to contact me.

Sincerely,



Cynthia A Adams
President

CAA/mab

enclosures: 5

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Elder Choice of Palm Beach INC
(Name of Corporation)

DOCUMENT NUMBER: 701000079644

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:

Cynthia Adams
(Name of Contact Person)

Elder Choice of Palm Beach INC
(Firm/Company)

2500 Quantum Lakes Drive, Suite 203
(Address)

Boynton Beach FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Adams at (561) 736 7860
(Name of Contact Person) (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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ElderChoice of Palm Beach INC
2. The principal office address: 2500 Quantum Lakes Drive, Suite 203
Boynton Beach, FL 33426
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/2001 Document number: P01000079644
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jacqueline Sampa
6803 Lake Worth, FL 33467

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

Cynthia Adams
2500 Quantum Lakes Drive Suite 203
(P.O. Box NOT acceptable)
Boynton Beach FL 33467

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]
(Signature of an officer or director)

Cynthia A Adams 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.

[Signature]
(Signature of Registered Agent)

11-1-05
(Date)

If signing on behalf of an entity:

(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 (8/05)

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