## P05000044020

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SECRETARY OF STATE DIVISION OF CORPORATIONS

RA Change 7/8/05



## RAILEY & HARDING

PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW

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20 NORTH EOLA DRIVE ORLANDO, FLORIDA 32801

VIA OVERNIGHT MAIL - 2-DAY

June 30, 2005

Division of Corporations Amendment Section 408 E. Gaines Street Tallahassee, FL 32399

RE: Registered Agent Change

Dear Sir or Madam:

Enclosed please find the Statement of Change of the Registered Agent for Regal Family Care, Inc., along with a check in the amount of \$35.00. Please process the statement and provide proof of the filing to me at the above address.

If you should have any questions or concerns, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Sincerely,

Debbie Paino Legal Assistant to

Robert L. Harding

/dp Encs.

## **COVER LETTER**

TO: A	Amendment Section Division of Corporations				
SUBJEC	REGAL FAMILY CARE, INC.  (Name of continuous)	poration)			
DOCUM	IENT NUMBER: P05000044020				
The enclo	osed Statement of Change of Registered Office/	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Nelly A. Otero (Name of cont	act person)			
Regal Family Care, Inc.  (Firm/Company)					
1120 Citrus Tower Blvd., Suite 200 (Address)					
	Clermont, FL 34711 (City/state and	l zip code)			
For furthe	er information concerning this matter, please ca	11:			
Nelly A. C	Otero (Name of contact person)	at (407 ) 666-4185 (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 409 E. Gaines Street Tallahassee, FL. 32399			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, th ized under the laws of the State of Florida	is	-
		ered agent, or both, in the State of Florida.		
1. The name of	the corporation: Regal Family Care, Inc.	· · · · · · · · · · · · · · · · · · ·		
2. The principa	I office address: 1120 Citrus Tower Blvd.	, Suite 200, Clermont, FL 34711		<u> </u>
3. The mailing	address (if different):			
4. Date of incom	poration/qualification: March 23, 2005	Document number: P05000044020		
	d street address of the current registered apartment of State:	gent and registered office on file with the		
	Robert L. Harding			
	20 North Eola Drive			وس
	Orlando, FL 32801		05	SE/
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Manuel A. Otero				
	Manuel A. Otero	· H	2	육유민
	1120 Citrus Tower Blvd.; Suite 200		ü	STA
	(P.O. Box NOT acceptable)		င်	
	Clermont, FL 34711			5
		address of the business office of its registere		ıt,
Such change wauthorized by	vas authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	)	
(1)	A follow	Nelly A. Otero		_
	fur of an other of director)	(Printed or typed name and title)		
I hereby accept I further agree of my duties, a document is be corporation ha	of the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the oblining filed merely to reflect a change in the inspect of this change in writing of this change	nd agree to act in this capacity. utes relative to the proper and complete per, igation of my position as registered agent. ( he registered office address, I hereby confirm.	forman Or, if ti 1 that ti	ece his he
(Signature of Registered Agent)  6-30-05 (Date)				
	ignature of Registered Agent)	(Date)		
If signing on b	ehalf of an entity:			
	(Typed or Printed Name)			

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