P06000148900

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Corrected documents by thephone can the 5/22/21
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Paula's Mansion ALF, Inc. (Name of Corporation)
DOCUMENT NUMBER: P06000 148900
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:
Tovar Paraz (Name of Contact Person)
Paula's Mansion ALF, Inc.
(Firm/Company) 13206 SW 218 Tarrace (Address)
Miami Fl 33/70 (City/State and Zip Code)
For further information concerning this matter, please call: Tourist Percent 262 362-4740

Enclosed is a \$35.00 check made payable to the Department of State.

(Name of Contact Person)

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

(Area Code & Daytime Telephone Number)

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

Pursuant to the pro	visions of sections 607.0502,	, 617.0502, 607.1508, or	· 617.1508, Flořida St I – v – eftha Stata of – l	atutes, this -100da
statement of change	is submitted for a corporati	on organizea unaer ine i	caves of the State of	- 10.70-7
	change its registered office			riaa. •
1. The name of the	corporation: Pavla	s Mansion	2 ALF,	nc.
2. The principal off	ice address: 132	06 SW	218 101	race
	MIGMI	, FI 33	3170	
3. The mailing addr	ess (if different):			
		30/01	t number: PO 60	mullan
4. Date of incorpora	tion/qualification:	Documen	t number: 1000	100179 100
5. The name and str Florida Departme	eet address of the current regent of State:	. Perez		the
	13205 5	W 21810	TACE	
	MIAMI 1	4 3317	<u></u>	
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o. The hame and suc (if changed):	132065 Migmi	noe 2	Crace	7 PM 12: 02 7 PM 12: 02 SSEE/ FLORIC
•	(P.O. Box NOT	acceptable)		A
_	f its registered office and the			
Such change was au authorized by the bo	thorized by resolution duly pard, or the corporation has	adopted by its board of been notified in writing	directors or by an of of the change.	ficer so
V		Jover	Paren	
(Signature of a	in officer of director)		rinted or typed name and title	}
hereby accept the c further agree to co f my duties, and I a locument is being fu orporation has been	appointment as registered a mply with the provisions of m familiar with and accept led merely to reflect a chan n notified in writing of this	_		ete performance gent. Or, if this confirm that the
The state of the s		3	14/07	
(Signature	of Registered Agent)		(Date)	
f signing on behalf o	of an entity:			$(x_1,\dots,x_n) = (x_1,\dots,x_n) + $
Jouer Pe	rez			
	r 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)