

PD7000009592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

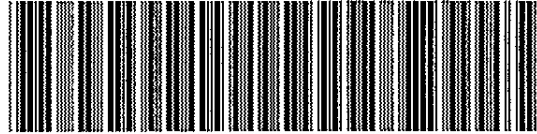
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SENIOR ASSIST HOMECARE CONSULTANTS, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000009592

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:

THOMAS L. BAUNS
(Name of Contact Person)

SENIOR ASSIST HOMECARE CONSULTANTS, INC.
(Firm/Company)

5328 LASALLE AVE S
(Address)

ST. CLOUD, FL 34772
(City/State and Zip Code)

For further information concerning this matter, please call:

TOM BAUNS at (407) 908 4542
(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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SENIOR ASSET HOMECARE CONSULTANTS, INC.
- 2. The principal office address: 4520 LASALLE AVE SOUTH
ST. CLOUD, FL 34772
- 3. The mailing address (if different): SAME
- 4. Date of incorporation/qualification: 1/22/2007 Document number: P07000009592
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DAVID A. DEABLE
5328 SPECTACULAR BLD PA
WESLEY CHAPEL, FL 33544

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

THOMAS L. BRUNS
4520 LASALLE AVE S
(P.O. Box NOT acceptable)
ST. CLOUD, FL ~~33544~~ 34772

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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)

DAVID A. DEABLE, 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 of Registered Agent)

July 25th 2007
(Date)

If signing on behalf of an entity:

Thomas L Bruns
(Typed or Printed Name)

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