

P08000039051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

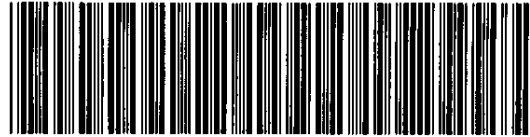
(Business Entity Name)

(Document Number)

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Change

06/16/14--01029--005 \*\*35.00

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TALLAHASSEE, FLORIDA

DR  
6/27/14

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Allison, Aaron and Ryan, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000039051

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:

Patricia Chotiner

Name of Contact Person

Allison, Aaron and Ryan, Inc.

Firm/Company

1000 NW 9th Court, Suite 203

Address

Boca Raton, FL 33486

City/State and Zip Code

pchotiner@platinumselectnursing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patty Chotiner

Name of Contact Person

at ( 561 ) 998-3211

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: Allison, Aaron and Ryan, Inc.  
2. The principal office address: 1000 NW 9th Court, Suite 203

3. The mailing address (if different): same

4. Date of incorporation/qualification: 04/16/2008 Document number: P08000039051

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

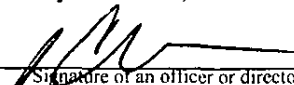
Sheila Eckstein  
551 NW 77th St., Apt. 108-B  
Boca Raton, FL 33487

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

Sheila Eckstein  
1000 NW 9th Court, Suite 203  
P.O. Box NOT acceptable  
Boca Raton, FL 33486

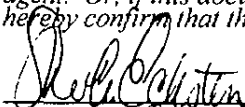
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Patricia Chotiner  
\_\_\_\_\_  
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

June 12, 2014  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Sheila Eckstein  
\_\_\_\_\_  
Typed or Printed Name

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

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