

PD8000046380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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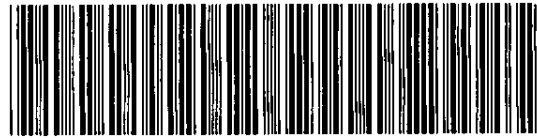
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 28 2013

T. RO...

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J & J WEST BXA HEALTH CARE CENTER INC.
Name of Corporation

DOCUMENT NUMBER: P08000046380

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:

RUEL RUSIN
Name of Contact Person

J & J WEST BXA HEALTH CARE CENTER
Firm/Company

9825 SW 18th ST # 300.
Address

BOX RATON, FL 33428
City/State and Zip Code

jrosen44@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUEL RUSIN at (561) 885-0090
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: J & J WEST BOKA HEALTH CARE CENTER, INC.
2. The principal office address: 9825 SW 18th ST #300/200
BOCA RATON, FL, 33428
3. The mailing address (if different): 601 N. CONGRESS AVE #417
Delray Beach, FL, 33445
4. Date of incorporation/qualification: 08/08/2008 Document number: P0800046380
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)

ROSEN, R JOEL
601 N CONGRESS AVE STE 417
Delray Beach, FL, 33445

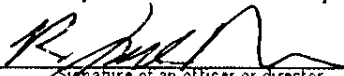
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROSEN, R JOEL
9825 SW 18th ST #300
BOCA RATON, FL, 33428

P.O. Box NOT acceptable


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

R. Joel Rosen
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

2/21/13
Date

If signing on behalf of an entity:

R. Joel Rosen
Typed or Printed Name

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