

P100000015737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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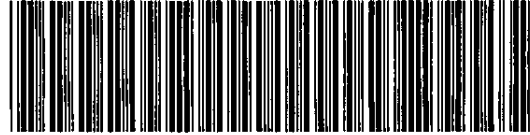
(Business Entity Name)

(Document Number)

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A. KOSS, ATTORNEY AT LAW, P. A.
OCEAN BANK BUILDING
782 N. W. 42ND AVENUE - SUITE 450, MIAMI, FLORIDA 33126
SATELLITE OFFICE IN NAPLES, FLORIDA

A. Koss, Esq.
www.adolfokossabogado.com

Telephone (305) 443-4343
Fax (305) 445-8830
Email: akossattorney@bellsouth.net

April 21, 2015

Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Office or Registered Agent
Corporation: New Greenview II ALF Inc.

Dear Sir/Madam:

Provided herewith is a Statement of Change of Registered Agent for the above referenced corporation. The registered agent for the corporation is being changed to Abe Koss, Esq.

Also, enclosed is a check, in the amount of \$35.00, in payment of your fees. Please remit correspondence regarding the change of registered agent to this office.

Very truly yours,

A Koss
A. KOSS, ESQ.

AK/gd

Enclosure (as noted)

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW Greenview II ALF Inc.
Name of Corporation

DOCUMENT NUMBER: P10000015737

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:

Abe Koss, Esq.
Name of Contact Person

A. Koss Attorney at Law PA.
Firm/Company

782 N.W. 42 Avenue, Suite 450
Address

Miami, Florida 33126
City/State and Zip Code

akossattorney@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abe Koss, Esq. at (305) 443-4343
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: NEW Greenview II ALF INC.
2. The principal office address: 2650 N.W. 15 Avenue, Miami,
Florida 33142
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/19/2010 Document number: P10000015737
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)

Nelson Martin
782 N.W. 42 Avenue, Suite 448
Miami, Florida 33126

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

Abe Koss, Esq.
782 N.W. 42 Avenue, Suite 450
Miami, Florida 33126

P.O. Box NOT acceptable

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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.

x

Signature of an officer or director

Nelson Martin, Secretary,
Printed or typed name and title Vice President

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.

x

Signature of Registered Agent

4-21-15

Date

If signing on behalf of an entity:

Abe Koss

Typed or 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