

P10000064933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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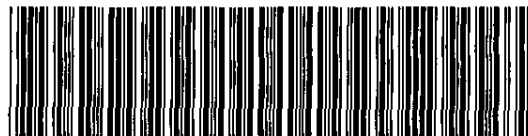
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ATTENTION: Amendment Section

FR: Kavine Barrett 321-914-4125
Winnifred Assisted Living Facility Inc.

I Kavine Barrett, Administrator of
Winnifred Assisted Living would like
to change the address of my Corporation
to 1302 Ginza Rd, Palm Bay FL 32909.
If there is any questions please contact
me at 914-413-9411.

Thanks in advance

Kavine Barrett