

P100000074348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

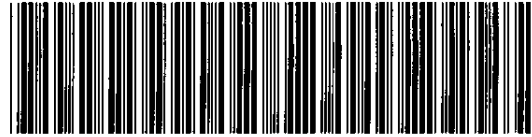
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900185237399

B 9/16/10
Change principal/mailling address

**CHANGE OF ADDRESS FORM
FOR
D.R. REHABILITATION CENTER, INC.
P10000074348**

**TO: DEPT OF STATE
FAX: 850-245-6017**

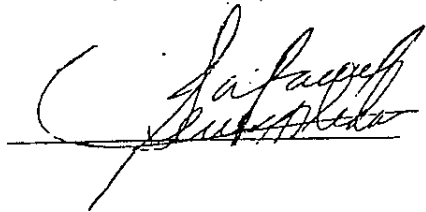
RE: CHANGE OF ADDRESS

**THIS LETTER IS TO INFORM YOU THAT WE HAVE CHANGED OUR PRINCIPAL/MAILING
ADDRESS TO:**

**5757 S.W. 8 STREET
STE: 204
MIAMI, FL 33144**

THANK YOU,

**RAFAEL P. SENESPLEDA
(PRESIDENT)**

A handwritten signature in black ink, appearing to read 'Rafael P. Senespleda', is written over a horizontal line.