

P11000093187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

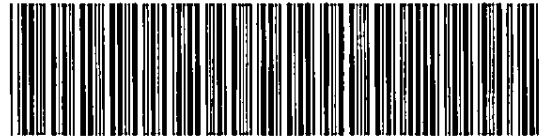
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 NOV -2 PM 2:25

RA Change

NOV 02 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hidden Ranches Assisted Living, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000093187

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:

Anna Lenchus ESQ.

Name of Contact Person

Hidden Ranches Assisted Living, Inc.

Firm/Company

2385 NW EXECUTIVE CTR DR. SUITE 100

Address

BOCA RATON, FL 33431

City/State and Zip Code

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

For further information concerning this matter, please call:

Anna Lenchus ESQ.

Name of Contact Person

at (561) 981-6118

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

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DEPT. OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2017

HIDDEN RANCHES ASSISTED LIVING
200 E LAS OLAS BLVD., SUITE 2030
FORT LAUDERDALE, FL 33301-2488

SUBJECT: HIDDEN RANCHES ASSISTED LIVING, INC.
Ref. Number: P11000093187

We have received your document for HIDDEN RANCHES ASSISTED LIVING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please return your check with a note stating what the money is intended for.

Submit the proper form with your check.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 417A00020484

RECEIVED
17 NOV -2 PM 12:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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: Hidden Ranches Assisted Living, Inc.
2. The principal office address: 1864 NW 175th St.
Miami Gardens, FL 33056
3. The mailing address (if different): 200 S Rosemary Ave. Unit 2
West Palm Beach, FL 33401
4. Date of incorporation/qualification: 10/25/2011 Document number: P11000093187
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)
Ricki Kaneti
200 S. Rosemary Ave. Unit 2
West Palm Beach, FL 33401
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Anna Lenchus ESQ.
2385 NW EXECUTIVE CTR DR. SUITE 100
P.O. Box NOT acceptable
BOCA RATON, FL 33431

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

Ricki Kaneti

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

Date

If signing on behalf of an entity:

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
CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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