

P/2000008728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

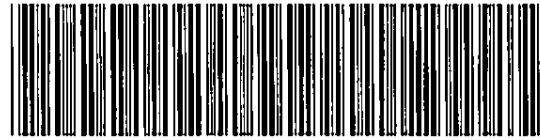
(Document Number)

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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: Florida Assisted Living Management Provider, Inc.  
Name of Corporation

DOCUMENT NUMBER: P12000008728

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

Florida Assisted Living Management Provider, 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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2017

FLORIDA ASSISTED LIVING MANAGEMENT  
PROVIDER INC.  
200 E LAS OLAS BLVD., SUITE 2030  
FORT LAUDERALE, FL 33301

SUBJECT: FLORIDA ASSISTED LIVING MANAGEMENT PROVIDER, INC.  
Ref. Number: P12000008728

We have received your document for FLORIDA ASSISTED LIVING MANAGEMENT PROVIDER, 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: 617A00020483

RECEIVED  
17 NOV -2 PM 12:29  
SEATTLE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: Florida Assisted Living Management Provider, Inc.
2. The principal office address: 200 S. Rosemary Ave. Unit 2  
West Palm Beach, FL 33401
3. The mailing address (if different): 200 S. Rosemary Ave. Unit 2  
West Palm Beach, FL 33401
4. Date of incorporation/qualification: 09/28/2016 Document number: P12000008728
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)

David Itskovich

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.

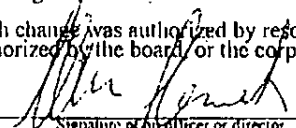
2385 NW EXECUTIVE CTR DR. SUITE 100

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 this 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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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