P13000040037

(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:	
wrong form - money	

Office Use Only



10/29/18--0103:--00: **375.00

11/28/18--01003--031 **40.00

CHCHEVED AN ASSETS OF STATES

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NOV 26 2018

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COVER LETTER

Division of Corporations	
SUBJECT: Megal Park Assisted Living Facility , Fac.	
DOCUMENT NUMBER: \$13.000 40037	
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:	
Ricki Kaneti Name of Contact Person	
Mosal Pack Assisted Living Facility Inc.	
200 S. hosemary Avenue	
West Palm Beach FL 33401 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
A: CK: Kaneli at (454) 283-1048 = Area Code & Daytime Telephone Number	100.4 100.4 100.4
Name of Contact Person Area Code & Daytime Telephone Number	<u> </u>
Enclosed is a \$35.00 check made payable to the Department of State.	75

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

TO: Amendment Section



November 2, 2018

RICKI KANETI REGAL PARK ASSISTED LIVING FACILITY, INC 200 S. ROSEMARY AVE WEST PALM BEACH, FL 33401

SUBJECT: REGAL PARK ASSISTED LIVING FACILITY, INC

Ref. Number: P13000040037

We have received your document for REGAL PARK ASSISTED LIVING FACILITY, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

We will need an additional \$10.00 to be able to file this Registered Agent Change.

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.

Letter Number: 418A00022656

Diane Cushing Senior Section Administrator

www.sunbiz.org

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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Regal Park Assisted Living Facility Itac
2. The principal office address: 108 NF 914 Street BOYNTON Beach IFL 33435
3. The mailing address (if different): 200 S. Kosemacy Avenue West Palm Beach IFL 33401
4. Date of incorporation/qualification: 05/03/2013 Document number: \$\frac{P13000040037}{}
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) 100 100 100 100 100 100 100 1
Boca Raton, FL 33431_
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Ack Lane Common
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 charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. We the corporation has been notified in writing of the change. Signature of a princer or director Printed or typed name and tyle
I hereby accept the appointment expregistered 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 the duties, and found familiar with and accept the obligation of my position as registered agent. Or, if this document if being filled merely to reflect a change in the registered office address. I hereby confirm that the comporation has been notified in writing of this change.
Signature of Registered Agent If signing on behalf of an entity: Typed or Printed Name

* * * FILING FEE: \$35.00 * * *