

P13000058293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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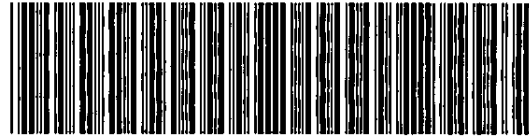
(Business Entity Name)

(Document Number)

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APPROVED
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13 OCT - 7 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 15 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOLD COAST CARE, INC
Name of Corporation

DOCUMENT NUMBER: P13000058293

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:

GERTRUDE SKINNER
Name of Contact Person

GOLD COAST CARE, INC
Firm/Company

14135 GRANTREE DRWE
Address

WELLINGTON FL 33414
City/State and Zip Code

BILL BETTS2@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERTRUDE SKINNER at (561) 531 4179
Name of Contact Person 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

**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: GOLD COAST CARE, INC
2. The principal office address: 14135 GREENTREE DRIVE
WELLINGTON, FL 33414
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/10/2013 Document number: P13 000058293
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)

~~GERTRUDE SKINNER~~ GERTRUDE SKINNER
2780 SO OCEAN BLVD, APT 202
PALM BEACH, FL 33480

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GERTRUDE SKINNER
14135 GREENTREE DRIVE
P.O. Box NOT acceptable
WELLINGTON FL 33414

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TALLAHASSEE, FLORIDA

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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]
Signature of an officer or director

WILLIAM D. BATES, JR. SECRETARY/TREASURER
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] B M Skinner ✓
Signature of Registered Agent

10/14/13 ✓
Date

If signing on behalf of an entity:

Typed or Printed Name

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