

P14000052258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

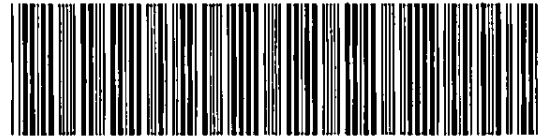
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received Fax on 7/26/2018
to correct missing RIA signature

Office Use Only



300315730303

07/16/18--01023--021 **35.00

S TALLENT

JUL 26 2018

FILED
18 JUL 25 PM 2:28
RECEIVED
CLERK OF SUPERIOR COURT

RIA-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2018

COURTNEY THOMAS
INCRP SERVICES, INC.
3773 HOWARD HUGHES PKWY. SUITE 500S
LAS VEGAS, NV 89169-6014

SUBJECT: JUNIPER ALF, INC.
Ref. Number: P14000052258

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 118A00014689

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JUNIPER ALF, INC.
Name of Corporation

DOCUMENT NUMBER: P14000052258

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:

Mia Conner
Name of Contact Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy. Suite 500s
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

managedreports@incorp.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mia Conner on behalf of InCorp Services, Inc. at (702) 866-2500
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: JUNIPER ALF, INC.
2. The principal office address: 1319 South State Street Suite C2
Chicago, IL 60605
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/16/2014 Document number: P14000052258

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)

Registered Agents Inc.

3030 N. Rocky Point Dr. Ste. 150A

Tampa, FL 33607

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

Taher Kamell, Secretary

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]
Signature of Registered Agent

July 26, 2018
Date

If signing on behalf of an entity:

Mia Conner on behalf of InCorp Services, Inc.
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
18 JUL 26 PM 2:26
TALLAHASSEE, FLORIDA