

P14000077145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

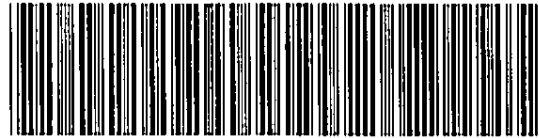
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300293574873

11/03/17--01002--023 \*\*35.00

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

RA Chang

NOV 02 2017

D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LANTANA ALF, INC.  
Name of Corporation

DOCUMENT NUMBER: P14000077145

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

LANTANA ALF, INC.

Firm/Company

2385 NW EXECUTIVE CTR DR. SUITE 100

Address

BOCA RATON, FL 33431

City/State and Zip Code

alenchus @ google mail . 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

17 NOV - 2 PM 2:25

FILED  
STATE DEPT OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2017

LANTANA ALF, INC.  
200 E LAS OLAS BLVD., SUITE 2030  
FORT LAUDERDALE, FL 33301-2488

SUBJECT: LANTANA ALF, INC.  
Ref. Number: P14000077145

We have received your document for LANTANA ALF, 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 the 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: 917A00020484

RECEIVED  
17 NOV -2 PM 12:29  
FLORIDA DEPARTMENT OF STATE  
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: LANTANA ALF INC.
2. The principal office address: 6026 OLD CONGRESS LAKE WORTH, FL. 33462
3. The mailing address (if different): 2385 NW EXECUTIVE CTR DR. SUITE 100  
BOCA RATON, FL 33431
4. Date of incorporation/qualification: 09/17/2014 Document number: P14000077145
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.

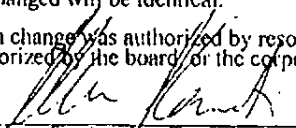
2385 NW EXECUTIVE CTR DR. SUITE 100

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 DIRECTOR

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  
17 NOV -2 PM 2:25