

PI4 0000 77145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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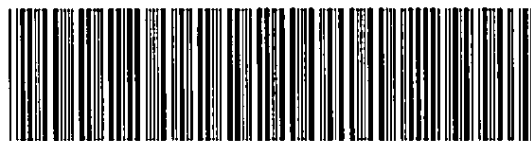
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lantana ALF, INC.  
Name of Corporation

DOCUMENT NUMBER: P14 0000 77145

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

Lantana ALF, INC.  
Firm/Company

200 S. Rosemary Avenue  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

Ricki @ ColonialALF.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricki Kaneti at ( 954 ) 283-1048  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2018

RICKI KANETI  
LANTANA ALF, INC.  
200 S. ROSEMARY AVE  
WEST PALM BEACH, FL 33401

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

We have received your document for LANTANA ALF, 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).

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: 818A00022657

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 Road  
Lake Worth, FL 33462  
3. The mailing address (if different): 200 S. Rosemary Avenue  
West Palm Beach, FL 33401  
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)

Anna Lechus ESQ  
2385 NW Executive CTR DR. Suite 100  
Boca Raton, FL 33431

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

Ricki Kaneti  
200 S. Rosemary Avenue  
P.O. Box NOT acceptable  
West Palm Beach, FL 33401

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

Ricki Kaneti, President  
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

11/15/18  
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