

P15000081583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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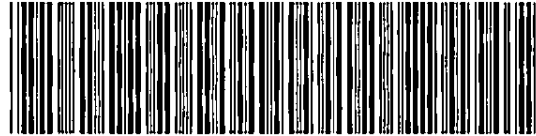
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 10 2019
C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Calnette West Alf INC
Name of Corporation

DOCUMENT NUMBER: P15000081583

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:

GAYON D DUNN

Name of Contact Person

Calnette West Assisted living Facility INC

Firm/Company

2045 NW 26 ST

Address

MIRAMON FL 33042

City/State and Zip Code

Calnette4@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAYON DUNN

Name of Contact Person

at (305) 308 2728

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Calvinello West ALF INC
2. The principal office address: 2045 NW 20th
Miami FL 33139
3. The mailing address (if different): 6151 Miramar Parkway
Suite 310, Miramar FL 33142
4. Date of incorporation/qualification: 10/2/15 Document number: P15000081583

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)

Resigned → Calvin Brown 6151 Miramar Parkway, Suite 310, Miramar FL 33142

New → Gayon Dunn 6151 Miramar Parkway
Suite 310, Miramar FL 33142

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

GAYON DUNN
6151 Miramar Parkway, Suite 310
Miramar FL 33142

P.O. Box NOT acceptable

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.

Gayon Dunn Signature of an officer or director

GAYON DUNN 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.

Gayon Dunn Signature of Registered Agent

5/31/15 Date

If signing on behalf of an entity:

Calvin A Brown
Typed or Printed Name

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

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUN -3 PM 12:00

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