

PI7000004976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

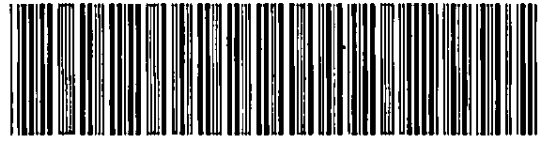
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Living Care, Inc.
Name of Corporation

DOCUMENT NUMBER: P17 00000 4976

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

Tampa Living Care, 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)

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DIVISION OF CORPORATIONS
STATE OF FLORIDA
MAY 11 2011

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
TAMPA LIVING CARE, INC.
200 S. ROSEMARY AVE
WEST PALM BEACH, FL 33401

SUBJECT: TAMPA LIVING CARE, INC.
Ref. Number: P17000004976

We have received your document for TAMPA LIVING CARE, 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).

We will need an additional \$10.00 to be able to file this Registered Agent Change.

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: 718A00022656

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: Tampa Living Care, Inc.
- 2. The principal office address: 11722 N. 17th Street
Tampa, FL 33612
- 3. The mailing address (if different): 200 S. Rosemary Avenue
West Palm Beach, FL 33401
- 4. Date of incorporation/qualification: 1/07/2017 Document number: P17000004976
- 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 Lenchus 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

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STATE DEPARTMENT OF REVENUE
NOV 15 2016

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 my 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

11/15/16
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