

P17000046798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

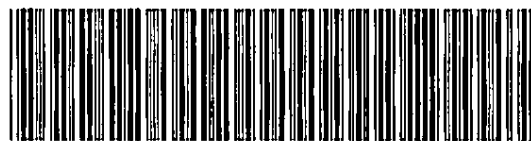
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700326382917

03/21/19--01017--005 **35.00

FILED
2019 MAR 21 PM 1:31
CLERK OF COURT

RA/RO/chg

MAR 30 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPITAL TRANSITIONAL CENTER PA
Name of Corporation

DOCUMENT NUMBER: P17000046798

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:

MICHELLE MAYS
Name of Contact Person

MICHELLE MAYS CPA LLC
Firm/Company

PO BOX 158
Address

LLOYD, FL 32337
City/State and Zip Code

MMAYS@MAYSCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE MAYS at (850) 997-6297
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: CAPITAL TRANSITIONAL CENTER PA
2. The principal office address: 1845 JACLIFF COURT, SUITE B
TALLAHASSEE, FL 32308
3. The mailing address (if different): 2857 HANNON HILL DRIVE
TALLAHASSEE, FL 32309
4. Date of incorporation/qualification: 05/20/2017 Document number: P17000046798
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)


FRANK RONG3116 CAPITAL CIRCLE NE #3TALLAHASSEE, FL 32308

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

MICHELLE MAYS CPA LLC195 TAYLOR ROADP.O. Box NOT acceptableMONTICELLO, FL 32344

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

HIREN JOSHI

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

03/18/2019

Date

If signing on behalf of an entity:

MICHELLE MAYS

Typed or Printed Name

FILED
2019 MAR 21 PM 1:31