

12/1/2020

Division of Corporations

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## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
GATEWAY FACILITY INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Gateway Facility Inc

\_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: P17000101580

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:

Yaffa Markowitz

\_\_\_\_\_  
Name of Contact Person

Vintage Health Care

\_\_\_\_\_  
Firm/Company

2811 Campus Hill Dr

\_\_\_\_\_  
Address

Tampa, FL 33612-9213

\_\_\_\_\_  
City/State and Zip Code

yaffa.markowitz@vintagehc.com

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

For further information concerning this matter, please call:

Yaffa Markowitz

305 788-9693

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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 7/23/000410218 3

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: Gateway Facility Inc
2. The principal office address: 400 RELLA BLVD, STE. 200  
MONTEBELLO, NY 10901
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/28/2017 Document number: P17000101580

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)

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7, STE. 106  
DAVIE FL 33314

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

Corporation Service Company  
1201 Hays Street  
Tallahassee P.O. Box NOT acceptable FL 32301

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.

Michael Bleich Signature of an officer or director  
Michael Bleich, Principal  
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.*

Corporation Service Company  
By: Shantel Robinson Signature of Registered Agent  
12/01/2020 Date

If signing on behalf of an entity:

Amanda Robinson  
Typed or Printed Name

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