

P20 0000 78168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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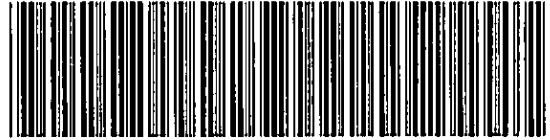
(Business Entity Name)

(Document Number)

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C. BRUMBLEY

FEB 15 2022

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Golden Gate Mental Health, Corp.  
Name of Corporation

DOCUMENT NUMBER: P200000078168

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:

Frank Quintero JR  
Name of Contact Person

Quintero Broche P.A.  
Firm/Company

75 Valencia Ave Ste 800  
Address

Coral Gables FL 33134  
City/State and Zip Code

fquintero@quinteroalaw.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dannela Ruiz at ( 786 ) 755-2897  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Golden Gate Mental Health, Corp
2. The principal office address: 1818 W Flagler St  
Miami FL 33135
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/28/2020 Document number: P20000078168
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)

Ruiz Alvarez, Daniela  
1818 W Flagler St  
Miami FL 33135

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

Frank Quintero Jr  
Quintero Broche P.A.  
P.O. Box NOT acceptable  
75 Valencia Ave Ste 800, Coral Gables FL 33134

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

Daniela Ruiz, 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

1/27/22  
Date

If signing on behalf of an entity:

FRANK QUINTERO, JR. Pres.  
Typed or Printed Name QUINTERO BROCHE P.A.

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