

P93000072702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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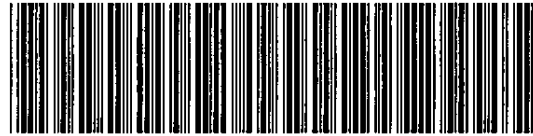
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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change



E.G. (DAN) BOONE
JEFFERY A. BOONE
STEPHEN K. BOONE
JOHN S. KODA
MARGARET (PEGGY) S. FROOM

JAMES T. COLLINS, LAND PLANNER
(NOT A MEMBER OF THE FLORIDA BAR)

LAW OFFICES
BOONE, BOONE, BOONE, KODA & FROOM, P.A.

P. O. BOX 1596
VENICE, FLORIDA 34284

ESTABLISHED 1956

STREET ADDRESS:
1001 AVENIDA DEL CIRCO 34285
TELEPHONE (941) 488-6716
FAX (941) 488-7079
e-mail: adm@boone-law.com

October 3, 2006

Amendment Section Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Grand Care Corporation

To Whom It May Concern:

Enclosed please find the form required to change the registered agent, business and mailing address for Grand Care Corporation along with a \$35.00 check for the processing fee.

Should you have any questions, please do not hesitate to let us know.

Kind regards.

Very truly yours,

Stephen K. Boone

SKB

Enclosures

G98-12543\ltr092906

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grand Care Corporation
(Name of Corporation)

DOCUMENT NUMBER: P93000072702

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:

Stephen K. Boone, Esquire
(Name of Contact Person)

Boone, Boone, Boone, Koda & Froom, P.A.
(Firm/Company)

P.O. Box 1596
(Address)

Venice, Florida 34284
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen K. Boone, Esquire at (941) 488-6716
(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: Grand Care Corporation
2. The principal office address: 7557 Fairway Woods Drive
Sarasota, Florida 34238
3. The mailing address (if different): _____
4. Date of incorporation/qualification: October 13, 1993 Document number: P93000072702

5. The name and street address of the current registered agent and registered office on file with Florida Department of State:

Stephen F. Voigt P.A.
2414 Bee Ridge Road
Sarasota, Florida 34239

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Vincent F. Delgato
7557 Fairway Woods Drive
(P.O. Box NOT acceptable)
Sarasota, Florida 34238

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.

Vincent F. Delgato
(Signature of an officer or director)

Vincent F. Delgato, 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.

Vincent F. Delgato
(Signature of Registered Agent)

Sept 25, 2006
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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