

P950000000589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

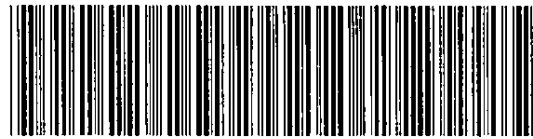
(Business Entity Name)

(Document Number)

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17 JUN 16 2017
FILING OFFICE - CANADA

JUN 16 2017
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sierra Lifecare, Inc.
Name of Corporation

DOCUMENT NUMBER: P95000060589

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:

Chad Rabone

Name of Contact Person

Sierra Lifecare, Inc.

Firm/Company

7200 W. Commercial Blvd. #206

Address

Lauderhill, FL 33319

City/State and Zip Code

jpsierra23@yahoo.com

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

For further information concerning this matter, please call:

Judy Perkins

Name of Contact Person

at (954) 741-8160

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: Sierra Lifecare, Inc.
2. The principal office address: 7200 West Commercial Blvd. Suite 206
Lauderhill, FL 33319
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P95000060589
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)

Chad Rabone
4300 N University Dr. #F-102
Lauderhill, FL 33351

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

Chad Rabone
7200 West Commercial Blvd #206
P.O. Box NOT acceptable
Lauderhill, FL 33319

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.

Chad Rabone
Signature of an officer or director

Chad Rabone / 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.

Chad Rabone
Signature of Registered Agent

4-27-17
Date

If signing on behalf of an entity:

Sierra Lifecare, Inc.
Typed or Printed Name

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