

P95000069582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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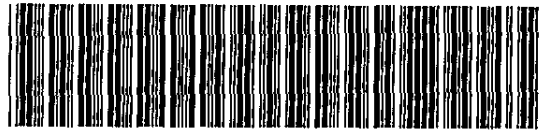
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GOOD HOPE MANOR INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000069582

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:

CHERIAN SAMUEL  
(Name of Contact Person)  
11406 CANYON MAPLE BLVD  
(Firm/Company)  
11406 CANYON MAPLE BLVD  
(Address)  
DAVIE, FL. 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHERIAN SAMUEL at ( 954 ) 551 9507  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

Cherian Samuel  
11406 Canyon Maple Blvd.  
Davie, FL 33330

SUBJECT: GOOD HOPE MANOR, INC.  
Ref. Number: P95000069582

We have received your document for GOOD HOPE MANOR, INC. and check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Enclosed is the correct form to change the registered office for a Florida corporation. An additional fee of \$10 is due as the fee to make this change for a corporation is \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 206A00014059

RECEIVED  
FEB 29 2006 AM 8:00  
DIVISION OF CORPORATIONS

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: GOOD HOPE MANO R INC  
2. The principal office address: 11406 CANYON MAPLE BLVD  
DAVIE, FL. 33330  
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 9-05 1995 Document number: P950000069582

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

CHERIAN SAMUEL

2251 North West 24th Court  
Oakland Park, FL 33311

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

CHERIAN SAMUEL

11406 CANYON MAPLE BLVD

(P.O. Box NOT acceptable)

DAVIE, FL. 33330

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)

CHERIAN SAMUEL  
(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.

CHERIAN SAMUEL  
(Signature of Registered Agent)

3/6/06  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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06 MAR -8 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA