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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.			
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NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

10:4. 11:11	AMENDMENTS:
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
 Trademark
Other

OPAChg.

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Examiner's Initials	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

undersigned corporation organized under the laws of the State of Florida Statutes, the
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: American Better Living of Florida, Inc.
2. The mailing address of the corporation is: PO BOX 453
Seville, FL 32190
3. Date of incorporation/qualification: 1/9/96 Document number: BB P9600000474
4. The name and address of the current registered agent and office:
Virginia B. Stewart
224 Palm Ave.
Crescent City FL 32112
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Shery L. Strobe St. =
718 N. Prospect St.
Crescent City, FL 32112
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.
4/9/98
(Signature of an officer, chairman or vice chairman of the board) (Date)
Todd L. Stroke Chairman Atheboard 4/9/98 (Printed or typed name and title) (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, 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. 1/9/98 (Signature officered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)