

P97000044078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
PALM BEACH, FL 33401

2008/8/20/10
2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Caleb's Place, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000044078

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:

Diane Maddox
Name of Contact Person

Lincoln Property Company
Firm/Company

6340 Sugarloaf Parkway, Suite 350
Address

Duluth, GA 30097
City/State and Zip Code

dmaddox@lpsi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya Kreshon at (813) 917-8884
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

August 16, 2010

DIANE MADDOX
6340 SUGARLOAF PKWY STE 350
DULUTH, GA 30097

SUBJECT: CALEB'S PLACE, INC.
Ref. Number: P97000044078

We have received your document for CALEB'S PLACE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 110A00019603

**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: Caleb's Place, Inc.
2. The principal office address: 367 Sunny Oaks Way, Lady Lake, FL 32159
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/19/1997 Document number: P97000044078
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)

Nancy P. Steinmetz

3718 Lake Griffin Road

Lady Lake, FL 32159

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

Diane Maddox, c/o Lincoln Property Company

100 Colonial Center Parkway, Suite 170

P.O. Box NOT acceptable

Lake Mary, FL 32746

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TALLAHASSEE, FLORIDA

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.

Diane Maddox

Signature of an officer or director

Diane Maddox, Receiver

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.

Diane Maddox

Signature of Registered Agent

August 24, 2010

Date

If signing on behalf of an entity:

Diane Maddox, Receiver

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