DOCUMENT # P97000058700				P9700005870	00
1. Entity Name GLORIAS ALF OF TAMPA, INC.	- <del>-</del>		FILED		
		7 - 7	OI NOV -5 PM	1:54	
Principal Place of Business	Mailing Address		· croperary OF	STATE.	
3213 W. Cass St. Tampa Fl. 33609	- 3213 W. CASS ST. TAMPA FL 33609		SECRETARY OF TALLAHASSEE, F	ELORIDA	
Division Division in the contract of the contr		/			
2. Principal Place of Business 3213 W. Cass St.	3. Mailing Address P.O. BOX 1	5089	f 1001/104 114 15111 1001/ E0111 50111		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE	•
City & State Tampa, Florida 33609	City & State Tampa, F1.	33694 5090	4. FEI Number 59-3189281	<del></del>	Applied For
Zp Country	Zip	Country		\$8.75 Ac	ditional
33609 Hillsboroug  8. Name and Address of Curren	h 33684-5089 It Registered Agent	Hillstorough	7. Name and Address of New Reg	Lag Mediti	ed
		Name			
GUEVARA, GLORIA M 3213 W. CASS ST.	<u> </u>	Street Address (P.	O. Bex Number le Not Acceptable)		====
TAMPA FL, \$3609		<del></del>			
م. م		City	· · · · · · · · · · · · · · · · · · ·	FL Zip Co	de
The above named entity submits this statement	for the purpose of changing its	ts registered office or registere	d agent, or both, in the State of Florid		
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SIGNATURF Signakire, typed or printed name of registered ager	m and title if applicable. (NO	TE: Registered Agent signature required w	hen reinstaling)	DA <sup>-</sup> E	
Signature, typed or printed name of registered ages  8. This corporation is eligible to satisfy its Intangib	le FILE NOW	/!!! FEE IS \$550.00	10 Flection Compains Finan		00.48-
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