P98000086819

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, , , , , ,				
PICK-UP WAIT MAIL				
(Dunings Frith Mone)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

TO:	TO: Amendment Section Division of Corporations			
SUBJECT: Floride HHC, Inc. dba Martha's Retirement Home				
	(Name of corporation)			
DOCU	MENT NUMBER: P98000086819			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Piease	return all correspondence concerning this matter to the following:			
Brends Roegele (Name of contact person)				
Florida HHC, Inc. dba Martha's Retirement Home (Finn/Company)				
3586 53rd Avenue North (Address)				
Saint Petersburg, Florida 33714				
(City/state and zip code)				
For further information concerning this matter, please call:				
Brend	Roegele st (727) 522-4439			
	(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 Streef Address: Amendment Section Division of Corporations 409 E. Gainea Succi Tallahassee, FL 32314			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Audra Ackerman; forme	rily Audra Conen, heroby resign as Presiden	t/Registered Agent
*		(Tale)
f Florida HHC, Inc		
	(Name of Corporation)	
P98000066819 (Rocument Number, if know	a corporation organized under the law	s of the State of
Florida	••••	
		45 9
		PHASS IN THE
		SSEF
	(Signature of resigning afficer director)	
	Cathrienne of residents arrests an enterty	FL 09.54
		Or Or

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahausec, Florida 32314