

S14011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

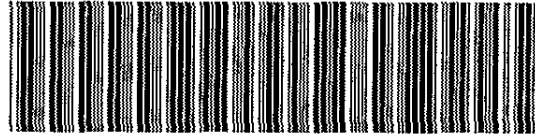
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

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08/04/06--01046--019 **55.00

RA to City

FILED

06 SEP -7 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L Roberts SEP 07 2006



RECEIVED

06 SEP -7 AM 8:00

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
Division of Corporations

August 14, 2006

OSVALDO ROMAN
LOVING CARE RETIREMENT SERVICES INC
308 NW SOUTH RIVER DR.
MIAMI, FL 33128

SUBJECT: LOVING CARE RETIREMENT SERVICES, INC.
Ref. Number: S14011

We have received your document for LOVING CARE RETIREMENT SERVICES, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The attached form must be completed in order to file the document.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 606A00050106

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Loving Care Retirement Services INC
(Name of Corporation)

DOCUMENT NUMBER: S14011

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:

Adrian Goett
(Name of Contact Person)

Loving Care Retirement Services INC
(Firm/Company)

380 NW South River Dr.
(Address)

Miami, Florida 33128
(City/State and Zip Code)

For further information concerning this matter, please call:

Adrian Goett at (305) 216-3084
(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

**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, ~~FILED~~ 508, 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.

06 SEP - 7 PM 3:53

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. The name of the corporation: Loving Care Retirement Services, INC.

2. The principal office address: 380 NW South River Dr. Miami Florida 33128

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/21/1990 Document number: S14011

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

Adrian Goett

380 NW South River Dr.

Miami, Florida 33128

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

Osvaldo Roman

380 NW South River Dr. Miami Florida 33128

(P.O. Box NOT acceptable)

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)

OSVALDO ROMAN
(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.

[Signature]
(Signature of Registered Agent)

9/5/06
(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)