534101

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(Address)		
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(Ad	ldress)	
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE	CCT: PRIME CARE GUEST HOUSE, IN (Name of Corporation)	IC	
DOCU	MENT NUMBER:_S34101		
The end	closed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.	
Please 1	return all correspondence concerning this matter to the fo	llowing:	
	HOWARD A SPEIGEL ESQ (Name of Contact Pers	son)	
HOWARD A SPEIGEL PA (Firm/Company)			
1133 LOUISIANA AVE #214 (Address)			
	WINTER PARK FL 32789 (City/State and Zip Co	de)	
For furt	her information concerning this matter, please call:		
HOW	ARD A SPEIGEL at (4) (Name of Contact Person) (A	07 647 5700 rea Code & Daytime Telephone Number)	
Enclose	d is a \$35,00 check made payable to the Department of S	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, 617.050 statement of change is submitted for a corporation organin order to change its registered office or registered.	nized under the laws of the State of FLORIDA
1. The name of the corporation: PRIME CARE GUES	
2. The principal office address: 1620 HAVEN DRIVE	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/26/1991	Document number: S34101
5. The name and street address of the current registered a Florida Department of State:	agent and registered office on file with the
PERSHINE DELEON	FEB OF
1620 HAVEN DRIVE	[3]
ORLANDO FL 32703	PHIS
6. The name and street address of the new registered age (if changed): ELSA NIMBERGER	agent and registered office on file with the
	
1620 HAVEN DRIVE (P.O. Box NOT acceptable	e)
ORLANDO FL 32803	
The street address of its registered office and the street as changed will be identical.	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	d by its board of directors or by an officer so other change.
(Signature of an officer or director)	ELSA NIMBERGER, PRESIDENT (Printed or typed name and title)
I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the ob document is being filed merely to reflect a change in the corporation has been notified in writing of this change	nd agree to act in this capacity tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the 2.
Elsa / mberca	FEBRUARY 6, 2006
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)
(Typed or Printed Name) * * * FILING F	EE. 825 00 * * *
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)