

S38989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500236488485

06/18/12--01009--012 **35.00

RA to ch

FILED
12 JUN 18 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All America Adult Congregate Living Facility, Inc.
Name of Corporation

DOCUMENT NUMBER: S38989

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:

Teresita Feal

Name of Contact Person

All America Adult Congregate Living Facility, Inc.

Firm/Company

808 W 1st Ave.

Address

Hialeah, FL 33010

City/State and Zip Code

tjmfeal@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresita Feal

Name of Contact Person

at (305) 302-0022

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, 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: All America Adult Congregate Living Facility, Inc.
2. The principal office address: 808 W 1st Ave.
Hialeah, FL 33010
3. The mailing address (if different): P.O. Box 452434
Miami, FL 332452434
4. Date of incorporation/qualification: 03/18/1991 Document number: S38989
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)

Business Services & Support Network, Corp.

4612 N Hiatus Rd.

Sunrise, FL 33351

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

Alan C. Gold, P.A.


1501 SUNSET DRIVE, 2ND FLOOR

P.O. Box NOT acceptable

CORAL GABLES, FL 33143

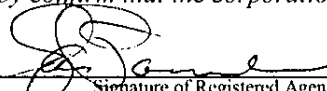
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Teresita M. Feal
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 of Registered Agent

6/15/12
Date

If signing on behalf of an entity:

ALAN C GOLD PA
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 (03/12)

FILED
JUN 18 PM 1:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE