## 752595

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





400053492424

05/03/05--01039--024 \*\*35.06

05 MAY -3 PM 4: 15

PS 5/12/05

## **COVER LETTER**

TO: Amendment Section Division of Corporations
 SUBJECT: Caring Community Care, Inc. (Name of corporation)
DOCUMENT NUMBER: 152 595
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:
(Name of contact person)
Caring Community Care, In
2637 SE 18th Ct. (Address)
Cape Coral, FL 33904 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (239) 242 2408 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Adduser

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
In order to change its registered office of registered agent, or both, in the Blace of Provided.
1. The name of the corporation: Carina Community Care, we.
2. The principal office address:
1918 Passars Alle At musico FC
3. The mailing address (if different):
2631 SE 19th Ct. Casa Coral, FC 33
4. Date of incorporation/qualification \( \text{ATIQS} \) Document number: \( \text{752595} \)
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
mary E. Robertson
5545 Avendras Passarbara
F.M.B. FL 33931
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
N/A STATE
2637 5F 18th Ct
(P.O. Box NOT acceptable)
(APE COML, 71 33904 ) \$ 5
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.
Mary Robertson mary E. Robertson (Signature of an officer or director)  (Printed or typed name and title)  President
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.
Mary Robertson 4/28/05
(Fignature of Registered Agent) (Pate)
If signing on behalf of an entity:
(Typed or Printed Name)
• <del>• •</del>

\* \* \* FILING FEE: \$35.00 \* \* \*