## 770741

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AULAHASSEE, FLORIGA

AUG 03 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
Care Resource Community Health Centers, Inc.					
Name of Corporation					
DOCUMENT NUMBER: 770747					
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:					
Cameron Gray Name of ContactiPerson					
Care Resource Community Health Centers, Inc.					
Firm/Company					
3510 Biscayne Blvd., Suite 300					
Address					
Miami, FL 33137					
City/State and Zip Code					
Cgray@careresource.org  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Cameron Gray  Name of Contact Person  Name of Contact Person  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number					
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

statement of che	inge is submitted for a corpoi	602, 617.0502, 607.1508, or 617.1508, Flor vation organized under the laws of the State ice or registered agent, or both, in the State	e of Florida		_	
1. The name of	the corporation: Care Reso	ource Community Health Centers, Ir	nc.,			
2. The principal	office address: 3510 Bisc	cayne Blvd., Miami, FL 33137				
3. The mailing a	address (if different): 3510	BISCAYNE BLVD. SUITE 300	MIAMI, F	FL 33	137	
4. Date of incor	poration/qualification: 10/1	4/1983 Document number: 770	0747			
	d street address of the current rtment of State: (If resigned, o	registered agent and registered office on fi enter resigned)	le with the			
	Jay Beskin					
	3530 MYSTIC POIN	TE #311	— ТА s	₩		
	AVENTURA, FL 331	80	LL AH	8817 JUL 31	77	
6. The name and street address of the new registered agent (if changed) and /or registered o (if changed):				31 RH	FILE	
	Jay Beskin		— FE S.	ယူ		
	3109 Stirling Road, Suite 101					
P.O. Box NOT acceptable Fort Lauderdale, FL 33312						
	·					
The street address changed will	ess of its registered office an be identical.	d the street address of the business office	of its regist	ered as	gent.	
Such change wa authorized by the	as authorized by resolution d the board, or the corporation l	uly adopted by its board of directors or by has been notified in writing of the change.	y an officer	so		
Mold	ne of an officer or director	Freddy Pardo, Chief O	. —	Office	er_	
I further agrée performance of agent. Or, if th	to comply with the provision my duties, and I am familian is document is being filed ma	ed agent and agree to act in this capacity, so fall statutes relative to the proper and with and accept the obligation of my poserely to reflect a change in the registered on notified in writing of this change.	' complete ition as rev	gisterea ess, I	i	
( n Bala	/	July 21, 2017	•			
1/	nature of Registered Agent	Date			<del></del>	
If gning on be	chalf of an entity:					
<u> </u>	yped or Printed Name					

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