I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under	
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears	
above, or on an attachment with all other like empowered.	

TAMONTE SPRINGS, FL 32714 US	
El Number: 81-3554240	Certificate of Status Desired: No
ame and Address of Current Registered Agent:	

PAPAGEORGIOU, DARLENE M 470 FOREST LAKE DRIVE ALTAMONTE SPRINGS, FL 32714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	DARLENE PAPAGEORGIOU			11/13/2020		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT	Title	VP			
Name	PAPAGEORGIOU, DARLENE M	Name	DAVIS, LESLIE			
Address	470 FOREST LAKE DRIVE	Address	470 FOREST LAKE DRIVE			
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32	714		
Title	D	Title	D			
Name	WHITE, SHASTA M	Name	CURTIS, LAWRENCE A			
Address	472 FOREST LAKE DRIVE	Address	472 FOREST LAKE DRIVE			
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32	714		
Title	D					
Name	ALLEN, DANIEL					
Address	472 FOREST LAKE DRIVE					

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

DOCUMENT# N1600007699

Entity Name: CARING BY SHARING UNITED INC.

Current Principal Place of Business:

470 FOREST LAKE DRIVE ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

470 FOREST LAKE DRIVE ALTAMONTE SPRINGS EL 22714 LIS

City-State-Zip: ALTAMONTE SPRINGS FL 32714

SIGNATURE: DARLENE PAPAGEORGIOU

FEI

Nar

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

11/13/2020

FILED Nov 13, 2020 Secretary of State 4761500961CC

Date