			•••••••••••••••••••••••••••••••••••••••	
Name and Address of Current Registered Agent:				
PEREZ, YELENNI 6793 NW 199 TERRACE HIALEAH, FL 33015 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:	: YELENNI PEREZ			03/19/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	V	
Name	LIMA HERRERA, SILVIA	Name	HERRERA, IRIS C	

2407 NW 7 ST MIAMI, FL 33125

#### **Current Mailing Address:**

DOCUMENT# P11000105229

**Current Principal Place of Business:** 

2407 NW 7 ST MIAMI, FL 33125 US

## FEI Number: 45-4019704

City-State-Zip: MIAMI FL 33125

### Na

Entity Name: CARITAS ALEGRES ADULT DAY CARE, INC.

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SILVIA LIMA HERRERA

PRESIDENT

City-State-Zip: MIAMI FL 33125

03/19/2021

Electronic Signature of Signing Officer/Director Detail



# FILED Mar 19, 2021 Secretary of State 1263283416CC

Certificate of Status Desired: No

Date