4TH FLOOR MIAMI, FL 3314			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the S			
SIGNATURE	IVETTE QUINTANA		
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	PSD	Title	VP
Name	QUINTANA, IVETTE	Name	SANTOS, TOMAS
Address	13252 NW 1ST TERR	Address	13252 NW 1ST TERR

13252 NW 1ST TERR MIAMI, FL 33182

DOCUMENT# P13000046221

Entity Name: CARE LOVE THERAPY INC.

Current Principal Place of Business:

Current Mailing Address:

13252 NW 1ST TERR MIAMI. FL 33182

FEI Number: 46-2910416

City-State-Zip: MIAMI FL 33182

Name and Address of Current Registered Agent:

IVETTE, QUINTANA M 1840 SW 22ND ST. 4T ML

The ne State of Florida.

City-State-Zip:

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: TOMAS SANTOS

VICE PRESIDENT

MIAMI FL 33182

02/06/2020

Electronic Signature of Signing Officer/Director Detail

FILED Feb 06, 2020 Secretary of State 7073950929CC

> 02/06/2020 Date

Certificate of Status Desired: No

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Date