IVETTE, QUINTA 1840 SW 22ND S 4TH FLOOR MIAMI, FL 3314	ST.				
The above named	entity submits this statement for the purpose of changing its regi	stered office or regi	stered agent, or both, in th		
SIGNATURE:	NATURE: IVETTE QUINTANA				
	Electronic Signature of Registered Agent				
Officer/Direc	tor Detail :				
Title	PSD	Title	VP		
Name		Nomo	CANTOR TOMAS		

the State of Florida.

02/08/2024

Officer/Director Detail :				
Title	PSD	Title	VP	
Name	QUINTANA, IVETTE	Name	SANTOS, TOMAS	
Address	13252 NW 1ST TERR	Address	13252 NW 1ST TERR	
City-State-Zip:	MIAMI FL 33182	City-State-Zip:	MIAMI FL 33182	

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: IVETTE QUINTANA

PRESIDENT

02/08/2024

Date

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

DOCUMENT# P13000046221

Current Mailing Address: 13252 NW 1ST TERR MIAMI. FL 33182

FEI Number: 46-2910416

13252 NW 1ST TERR MIAMI, FL 33182

Entity Name: CARE LOVE THERAPY INC.

Name and Address of Current Registered Agent:

Current Principal Place of Business: