(Requestor's Name) (Address) (Address)	800391329828
(City/State/Zip/Phone #)	03/08/2291016011 **35.00
Certified Copies Certificates of Status	FILED STATE

٠.

## **COVER LETTER**

ŧ

TO: Amendment Section Division of Corporations

SUBJECT: Pensacola Care, Incorporated Name of Corporation

## DOCUMENT NUMBER: 744732

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:

Mark E. Kemp	
Name of Contact Person	
Quest Management Group, Inc.	
Firm/Company	
311 N. Spring Street	
Address	
Pensacola FL 32501	
City/State and Zip Code	
mkemp@questman1.com	
E-mail address: (to be used for future annual report notificatio	n)

For further information concerning this matter, please call:

Mark E. Kemp	at ( <sup>850</sup> )	450-4971
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 <u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: Pensacola Care, Incorporated

2. The principal office address: 311 N. Spring Street, Pensacola, Florida 32501

3. The mailing address (if different): \_\_\_\_

4. Date of incorporation/qualification: 10/27/1978 \_\_\_\_\_ Document number: 744732

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Tommy Smith (resigned)

4300 Bayou Blvd., Suite 30

Pensacola, Florida 32503

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mark E. Kemp

311 N. Spring Street

P.O. Box: NOT acceptable

Pensacola, Florida 32501

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Digitally signed by W. R. Armstrong	
W. R. Armstrong DN cn=W R Armstrong D=HMC, ou.	W.R. Armstrong, Secretary/Treasurer
Signature of an other or director trave or e	Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the Corporation has been notified in writing of this change.

August 3, 2022

Date

Signature of Registered Agent

If signing on behalf of an entity:

Mark E. Kemp

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (CR2E045 (04/13)