770747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 03 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Care Resource Community Health Centers, Inc.
Name of Corporation

DOCUMENT NUMBER: 770747

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:

Cameron Gray
Name of Contact Person

Care Resource Community Health Centers, Inc.
Firm/Company

3510 Biscayne Blvd., Suite 300
Address

Miami, FL 33137
City/State and Zip Code

cgray@careresource.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cameron Gray at (305) 576-1234 x308
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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Care Resource Community Health Centers, Inc.,

2. The principal office address: 3510 Biscayne Blvd., Miami, FL 33137

3. The mailing address (if different): 3510 BISCAYNE BLVD. SUITE 300 MIAMI, FL 33137

4. Date of incorporation/qualification: 10/14/1983 Document number: 770747

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)

Jay Beskin

3530 MYSTIC POINTE #311

AVENTURA, FL 33180

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

Jay Beskin

3109 Stirling Road, Suite 101

P.O. Box NOT acceptable

Fort Lauderdale, FL 33312

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.

Freddy Pardo

Signature of an officer or director

Freddy Pardo, Chief Operating Officer

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.

Jay Beskin

Signature of Registered Agent

July 21, 2017

Date

If signing on behalf of an entity:

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 (03/12)