

**F18000003507**

Florida Department of State  
Division of Corporations  
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Email Address: mightykidcare@gmail.com

**REGISTERED AGENT CHANGE  
MIGHTY KID CARE INC.**

Certificate of Status	0
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**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mighty Kid Care Inc.
2. The principal office address: 13435 S. McCall Rd Level 16, STE 435, Port Charlotte, Florida 33981
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/31/2018 Document number: F18000003507
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)

Jackie, Adolphe

3697 NW 33rd Street

Lauderdale Lakes, FL 33309

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

Business Filings Incorporated

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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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.

  
 Signature of an officer or director

Miguel Fermin, President

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.



October 11, 2019

Signature of Registered Agent

Date

If signing on behalf of an entity:

Mark Williams, AVP

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