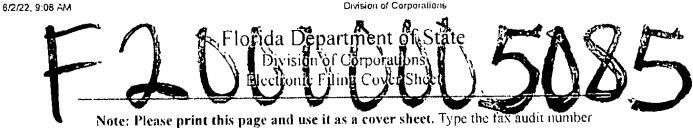
Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC REGISTERED AGENT CHANGE KARE TECHNOLOGIES, LLC

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please honor the original filing date of 6/2/22

JUN 10 2022

M. SOLOMON

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To:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company:	CARE TECHNO	DLOGIES, LL	C.				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)				
	808 TRAVIS ST STE 1406							
	HOUSTON, TX 77002		_	_				
	11/09/2020		F2	0000005085				
3.	Date of filing/registration in f		4.	Docum	ent number			_
5 (a)	GAMZON, MEL							
5. (a)	Registered Agent and Registered Office shows	Registered Agent and Registered Office shown on the records of the Florida Dept. of State						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					F- 323	2022	
	20201 EAST COUNTRY CLUB DRIVE STE 1606					<u> </u>	Mill	. 1
	MIAMI	, F	L_33180			723 737 747	2	
.1.	C T Corporation System					CHANTON LO	AM	
(b)	Enter name of NEW Registered Agent and/or	NEW Register	ed Office addre	<u></u>			9 : 39	
	NEW Registered Office Address:							
	1200 South Pine Island Road		<u> </u>					
	Plantation	,F	L 33324					
the changent was/w	limited liability company is not organize ange or changes are made, the Florida swill be identical. Or, in the case of a Fiere authorized by an affirmative vote of the operating a am Frank Earls	street address lorida limited if the members	of the registe liability comp s of the limite he limited lial	red office and in bany, it is hereby d liability comp bility company. am Frank Eave:	y confirmed th any or as othe	ant the cha rwise prov	nge(s)	ica
•	ittire of a member or authorized representative of		· · · · · ·		or typed name of			
provis the ob to mei	thy accept the appointment as registere tions of all statutes relative to the properties of my position as registered a relative to the property reflect a change in the registered of a myriting of this change. C T Corporation System	ed agent and a er and comple agent as provi ffice address, we BIII	gree to act ir Se performan ded for in Ch I hereby conj	this capacity. I ce of my duties, apter 605, F.S. Trm that the lim	l further agree and I am fami Or, if this doci ited liability co	e to compliar with c liar with c ument is h ompany h	y with I and acc seing flu as heer	the rept led i