

F78157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

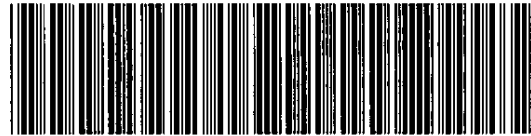
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*RA address
change*

08/09/10--01018--001 **35.00

2010 AUG 30 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*RA
8/31/10*

**00789, 00709, 00614, 00610, 00609,
00601*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Custom Care, Inc.
Name of Corporation

DOCUMENT NUMBER: F78157

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:

Carolyn Troccolo
Name of Contact Person

Custom Care, Inc.
Firm/Company

PO Box 811826
Address

Boca Raton, Florida 33481
City/State and Zip Code

cmtroccolo@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Troccolo at (561) 445-3176
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2010 AUG 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 10, 2010

Carolyn Troccolo
Custom Care, Inc.
P.O. Box 811826
Boca Raton, FL 33481

SUBJECT: CUSTOM CARE, INC.
Ref. Number: F78157

We have received your document for CUSTOM CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 910A00019156

**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: Custom Care, Inc.
2. The principal office address: 1734 Bridgewood Dr.
Boca Raton, FL 33434
3. The mailing address (if different): PO Box 811826
Boca Raton, FL 33481
4. Date of incorporation/qualification: 4/1982 Document number: F78157
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)

Carolyn Troccoli
105 NW 43rd Street
Boca Raton, FL 33431

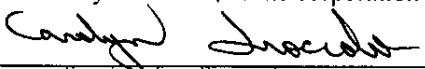
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carolyn Troccoli
1734 Bridgewood Drive
P.O. Box NOT acceptable
Boca Raton, FL 33434

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2010 AUG 30 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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

Carolyn Troccoli, 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.


Signature of Registered Agent

8/05/10
Date

If signing on behalf of an entity:

Carolyn Troccoli
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 (8/05)