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## **COVER LETTER**

	on Section of Corporations		
SUBJECT:	Cared Florida	608 LLC	
		Name of Limited Liability Company	
Dear Sir or Madar	n:		
The enclosed Regi	istered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all co	orrespondence concernit	ng this matter to the following:	
Manual I	Cranca For		
Manuel L.	Crespo. Esq. Name of Person		
		• • •	
Greenspoon	Marder	<u> </u>	
	Firm/Company		
600 Brickel	l Avenue, 36th Fl	loor	
	Address		
Miami, FL 3	<del></del>		
	City/State and Zip Co	de	
manuel.cr	espo@gmlaw.com		
		annual report notification)	
For further informa	ation concerning this ma	atter, please call:	
Manuel L. C	respo	at ( 305 ) 546-3931	
Na	me of Person	Area Code & Daytime Telephone Number	
STREET/O	COURIER ADDRESS	: MAILING ADDRESS:	
Registration		Registration Section	
	Corporations	Division of Corporations	
Clifton Bui		P.O. Box 6327	
	ntive Center Circle e, Florida 32301	Tallahassee, Florida 32314	
	s a check for the follow	ving amount:	
🗹 \$25 Filir	ng Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		- -	

## 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.

Name of the limited liability company:CARED	FLORIDA	608 LLC	
2. (a) 5300 NW 87th Avenue	a	b)	
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
608		Manuel L. Crespo, Esq.	
000		Greenspoon Marder	
Mismi, FL 33178		600 Brickell Avenue, 36th Floor	
		Miami, FL 33131	
12/26/2013		L13000176701	
3. Date of filing/registration in Florida	4.	Document number	
5. (a) Manuel L. Crespo, Esq.			
Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State:	
201 Alhambra Circle, Suite 1205			
Registered Office Address (MUST BE FLORIDA STREE	T ADDRES!	5)	
Coral Gables	FL <u>3313</u>	34 20 20 20 20 20 20 20 20 20 20 20 20 20	
		F. O	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>		The second of th	
Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	Idress:	
· -·		Ered and Administration	
•		및 모 !!	
NEW Registered Office Address:		2: 58	
Manuel L. Crespo, Esq.		<b>音楽 数</b>	
Greenspoon Marder 600 Brickell Ave., 36th Floor			
	FL <u>33131</u>		
If the limited liability company is not organized under the I the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	of the regi liability co s of the lim	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.	
Signature of a member of authorized representative of a member		Printed or typed name of signee	
I hereby accept the appointment as registered agent and a provisions of allistatutes relative to the proper and comple the obligations of my position as registered agent as provide to merely reflect alchange in the registered office address, notified in writing of this change.  Signature of Registered agent	gree to act te perform ded for in ( I hereby c	t in this capacity. I further agree to comply with the cance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been	
( )	. 'Boy 632'	7• Tallahassee, FL 37314	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00			

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