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(Address)									
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: February 3, 2020

Order#: 167482/005

Re: CARESAC LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX _ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Logan Hall c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

1.	Na	me of the limited liability company: CARESAC LLC						
2	(a)	2400 S OCEAN DR #4392	_ (b)	2400 S (OCEAN DR #4	392		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (°)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		FT PIERCE, FL 34949	-	FT_PIERC	E, FL 34949			
		09/02/2014	_	L1400014	0565			
3.		Date of filing/registration in Florida	4.	1	Document num	iber		
5.	(a)	PAPP, JAMES						
J.	(a)	Registered Agent and Registered Office shown on the records of the	e Florida l	Dept. of State:				
		2400 S OCEAN DR #4392				_ >	<u>~</u>	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2020 FEB	• ,• ·
		FT PIERCE , FL	34949			:). :.	$\frac{\Omega}{1}$	i i i i
	(b)	Corporation Service Company					AH 7:	فحسنا
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Mice add	ress:		무집	: 35	
		1201 Hays Street						
		NEW Registered Office Address:	•					
		Tallahassee .FL_	32301					
the ag wa	e cha ent v is/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	he regist pility con the limi imited li	ered office npany, it is ted liability	and the busine hereby confirr company or a pany.	ess office (ned that the	of the t he char	registered 1ge(s)
_;	Signal	ture of a member or authorized representative of a member	Jame		Printed or typed i	name of sign	nec	
I of properties to not not not not not not not not not	herel ovisi 2 ohl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he writing of this change.	erforma for in C ereby co	in this capa nce of my d hapter 605, nfirm that ti	city I further	agree to c i familiar is docume ility comp	comply with a nt is be any ha	with the nd accept ring filed s been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00