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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. 1020 Doing so will generate another cover sheet. 2 To: Division of Corporations AH 11: 34 Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (855)330-1010 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 8: 1[,] 1[,] μ Email Address:_ 2020 JAN 21 LLC REGISTERED AGENT CHANGE CARESS ENT LLC 5 <u>ب</u>: ٦٢ Certificate of Status 0

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR UNITED 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 l	ability company: Caress	s Ent Lle	2	<u></u>			
. (u)	ndale beach blvd e address of limited liability company			E. hallandale be Mailing address of limite			 :
•	<u>MUST BE STREET ADDRESS</u>)			(<u>Note:_MAY BE POS</u>	-		
UNIT 85248	· · · · · · · · · · · · · · · · · · ·			35248			
Hallandale b	each, FL 33009	<u>.</u>	Halland	ale beach, FL 330	009		
01/04/2017			L17000	002926			
Date of fi	ling/registration in Florida	4,		Document number			
(a) UNITED STAT	ES CORPORATION AGE	NTS, INC.		_			
Registered Agent and	Registered Office shown on the recor	ds of the Florida	Dept. of Stat				
13302 WINE	ING OAKS COURT			_			
Registered Office Ad	ltess (MUST BE FLORIDA STR)	<u>EET ADDRESS</u>	2				
SUITE A		<u> </u>		-	ы ЦС	202	
ТАМРА		_ FL_33612	2		CRE	2020 JAN 2 I	
(b) Registere	d Agents Inc.				ECRETARY OF ST TALLARASSEE, 1	N 2	
	Registered Agent and/or NEW Regis	<u>tered Office ad</u>	dress:		SEL	AM	ŢŢ
7901 4th	St N			_	STATI - FL	AM 11: 34	C
NEW Registered Off	ice Address:				LL)	-	
STE 300				-			
St. Peters	shura	, _{FL} 33702)				

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

R. Lun Tark Signature of a member or authorized representative of a member

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Riley Park

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre - Assistant Secretary hana_

Signature of Registered Agent

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