L23000442207

| (Requestor's Name) | | | | | |
|---------------------------|--------------------------|--|--|--|--|
| (Address) | | | | | |
| (Add | dress) | | | | |
| (City | //State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT ☐ MAIL | | | | |
| (Bus | siness Entity Name) | | | | |
| (Doc | cument Number) | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to F | filing Officer: | | | | |
| | J. HORNE FEB - 5 2024 | | | | |
| | | | | | |

Office Use Only



000421246020

01/12/24--91912--022 **54.00



COVER LETTER

| | sistration Section vision of Corporations | | |
|-------------------|--|--------------|--|
| SUBJECT: | CAREGIVERS & MOORE LLC | | |
| oonone. | | of Limited | Liability Company |
| Dear Sir or | Madam: | | |
| The enclose | ed Registered Agent/Registered Office | Change ar | nd fee(s) are submitted for filing. |
| Please retur | n all correspondence concerning this n | natter to th | ne following: |
| MOORE, CO | DRETTA N | | |
| | Name of Person | | |
| CAREGIVE | RS & MOORE LLC | | |
| | Firm/Company | | |
| 106 Hwy Pa | rk Cemetery Rd | | |
| | Address | | |
| Lake Placid, | FL 33852 | | |
| | City/State and Zip Code | | |
| coretta_moo | re@hotmail.com | | |
| E-mai | l address: (to be used for future annua | l report no | tification) |
| For further | information concerning this matter, pla | ease call: | |
| MOORE, CO | ORETTA N | 863 at (| 214-3181 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| Reg Div P.C | ailing Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Ene | closed is a check for the following an | nount: | |
| | \$25 Filing Fee | 3 | \$55 Filing Fee & Certified Copy |

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.

| | me of the limited liability company: | | | |
|--------------------------------------|---|---|---|---|
| (a) | Moore Coretta N | | (b) Moore Cor | retta N |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | N | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 106 Hwy Park Cemetery Rd | | P.O. Box 1 | |
| | Lake Placid, FL 33852 | _ | Clearwater | |
| | | _ | | 444 |
| | 10/27/2023 | _ | L230004922 | |
| , | Date of filing/registration in Florida | 4. | | Document number |
| . (a) | CAREGIVERS & MOORE LLC | | | _ |
| | Registered Agent and Registered Office shown on the records of MOORE, CORETTA N | h c Flo r | ida Dept. of State | c: |
| | Registered Office Address (MUST BE FLORIDA STREET) | DDRE | | - |
| | 1208 COUGAR BLVD | | | |
| | SEBRING | 33872 | | - |
| | CAREGIVERS & MOORE LLC | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office | address: | - 2 |
| | | | , | |
| | MOORE, CORETTA N | | | |
| | NEW Registered Office Address: | | | 50 3 3 |
| | 106 Hwy Park Cemetery Rd | | | 7 July 12 M 12:21 |
| | Lake Placid . FL | 33785 | 2 | • |
| | | | | - |
| iange gent v as/wo | mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registe bility f the l | ered office and company, it is imited liability | d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in |
| Signat | ure of a member or authorized representative of a member | _ | | Printed or typed name of signee |
| hereb rovisi ie obli o mere | by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If I in writing of this change. | ee to a perfor I for in pereby | ct in this cape mance of my a Chapter 605 confirm that I | ncity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been |

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| CAREGIVERS & MOORE LLC SUBJECT: | |
| Name of Limited | Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change an | d fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the | e following: |
| MOORE, CORETTA N | |
| Name of Person | |
| CAREGIVERS & MOORE LLC | |
| Firm/Company | |
| 106 Hwy Park Cemetery Rd | |
| Address | |
| Lake Placid, FL 33852 | |
| City/State and Zip Code | |
| coretta_moore@hotmail.com | |
| E-mail address: (to be used for future annual report not | ification) |
| For further information concerning this matter, please call: | |
| MOORE, CORETTA N 863 | 214-3181 |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amount: | |
| □ \$25 Filing 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.

| 1. | Na | me of the limited liability company: CAREGIVERS & I | MOOR | Œ | LLC | |
|-----------------|----------------------------------|---|-------------------------------------|------------------------|---|---|
| 2. | (a) | Moore Coretta N | | (b) | Moore Core | tta N |
| | ` , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - ' | (0) | M | ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | 106 Hwy Park Cemetery Rd | | | P.O. Box 179 | |
| | | Lake Placid, FL 33852 | _ | | Clearwater, | FL 33762 |
| | | 10/27/2023 | | I | .2300049220 | 7 |
| 3. | | Date of filing/registration in Florida | 4. | _ | Ε | Document number |
| 5. | (a) | CAREGIVERS & MOORE LLC | | | | |
| | (-/ | Registered Agent and Registered Office shown on the records of the MOORE, CORETTA N | e Flori | da | Dept. of State: | |
| | | Registered Office Address (MUST BE FLORIDA STREET A. | DDRE. | <u>55)</u> | | |
| | | 1208 COUGAR BLVD | | | | |
| | | SEBRING FL. | 3872 | | | |
| | | , FL_ | | | - | |
| | (b) | CAREGIVERS & MOORE LLC | | | | |
| | | Enter name of NEW Registered Agent and/or NEW Registered (| Office a | add | lress: | |
| | MOORE, CORETTA N | | | | | 2 |
| | | NEW Registered Office Address: | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | 106 Hwy Park Cemetery Rd | | | | 10 to |
| | | - | | | | 20 × 6 |
| | | Lake Placid , FL | 337853 | 2 | | 24 MW 12 MC 21 |
| ag wa the | ange ent v as/we e arti | imited liability company is not organized under the law or changes are made, the Florida street address of the rould be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabore. | egiste oility (the li | re cor mi | d office and npany, it is l ted liability | ida, it is hereby confirmed that after the the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| | Signa | ture of a member or authorized representative of a member | | | | Printed or typed name of signee |
| this to | e obl mer tified | by accept the appointment as registered agent and agre 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 ha I in writing of this change. | e to a erfori for in ereby | ct i na Ci co | in this capac nce of my di hapter 605, nfirm that th | city. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed to limited liability company has been |
| Si | giraliu | re of Registered Agent | | | | |