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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Address) | | | | | |
| (Hadross) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| (2-5-2) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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07/18/14--01021--005 **35.00

C. CARROTHEIN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Britny Yeager byeagerl@cscinfo.com

Date: July 16, 2014

Order#: 217868/001

Re: CORPORATE CARE WORKS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Britny Yeager c/o Corporation Service Company 2711 Centerville Road, Suite 400 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 CORPORATIONS

| statement of cha | provisions of sections 607.0502 nge is submitted for a corporat r to change its registered office | tion organized under the | laws of the State o | f Florida |
|--|---|--|---------------------------------------|-----------------------|
| 1. The name of t | he corporation: CORPORATE | CARE WORKS, INC. | | |
| 2. The principal | office address: 8649 Baypine F | Rd, Suite 101, Jacksonvi | ile FL 32256 | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 06/13/1 | 990 Docume | nt number: L8087 | 2 |
| | I street address of the current re tment of State: (If resigned, en | | ered office on file | with the |
| | Cynthia K. Persico | | | |
| | 8649 Baypine Rd, Suite 101 | | | |
| | Jacksonville, | F | L 32256 | - |
| 6. The name and (if changed): | I street address of the new regis | stered agent (if changed) | and /or registered | office |
| | Corporation Service Compan | у | | _ |
| | 1201 Hays Street | | | |
| P.O. Box NOT acceptable | | | | |
| | Tallahassee | F. | L 32301 | _ |
| The street address changed will | ess of its registered office and be identical. | the street address of the | business office of | its registered agent, |
| Such change was authorized by the | as authorized by resolution dul ne board, or the corporation ha | y adopted by its board o s been notified in writin | of directors or by a g of the change. | in officer so |
| | | Michael E. M | lazour, President | ထ |
| • / | re of an officer or director | | inted or typed name and | Tille T. P. |
| I further agree to performance of agent. Or, if the hereby confirm | the appointment as registered to comply with the provisions my duties, and I am familiant is document is being filed mer that the corporation has been in Service Company | of all slatules relative to vith and accept the oblic | the proper and continuous | nn ne regieterede |
| By: July | · Chepar | 07/3 | 1/2014 | |
| 0 | nature of Registered Agent half of an entity: | | Date | |
| | , Assistant Vice President | | | |
| | yped or Printed Name | | | |
| | | | | |

* * * FILING FEE: \$35.00 * * *