

MO10000001686

Joanna Davis

(Requestor's Name)

5201 Trouble Creek Rd.

(Address)

New Port Richey, FL

(Address)

34652

(City/State/Zip/Phone #)



PICK-UP



WAIT



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(Business Entity Name)

(Document Number)

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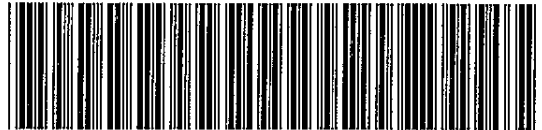
Certificates of Status _____

Special Instructions to Filing Officer:

5/1 R/A Change

MO1-1686

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03 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: CARE RESOURCES, LLC
2. The mailing address of the limited liability company is : 5201 TROUBLE CREEK Rd
NEW PORT RICHEY, FL 34652
3. Date of filing/registration in Florida 7/1/99
4. Document number M01000001686

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DALE WYCHE
Name
5201 TROUBLE CREEK Rd
Address
NEW PORT RICHEY, FL 34652
City, State and Zip

6. The name and address of the new registered agent and/or office:

JOANNA DAVIS
Name
5201 TROUBLE CREEK Rd
Florida street address (P.O. Box NOT acceptable)
NEW PORT RICHEY, FL 34652
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

Len Smith
(Signature of a member or authorized representative of a member)

Len Smith
(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 608, 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.

Joanna M Davis
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314