

M88564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

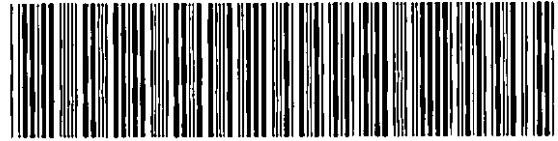
(Business Entity Name)

(Document Number)

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C. GOLDEN

DEC - 5 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARE TEAM, INC
Name of Corporation

DOCUMENT NUMBER: M88564

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK STOKER
Name of Contact Person

Firm/Company

3311 W KENNEDY BLVD
Address

TAMPA, FL 33609
City/State and Zip Code

MARK. STOKER@CARETEAM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK STOKER at (813) 871-3839
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CARE TEAM, INC
2. The principal office address: 3311 W KENNEDY BLVD
TAMPA, FL 33609
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/27/88 Document number: M 88564
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED 11/29/17

STOKER, FRANK JRA
3311 W KENNEDY BLVD.
TAMPA, FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARK STOKER

3311 W KENNEDY BLVD

P.O. Box NOT acceptable

TAMPA, FL 33609

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mark W Stoker
Signature of an officer or director

MARK W STOKER, DTS
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mark W Stoker
Signature of Registered Agent

11/30/17
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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