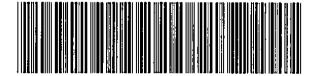
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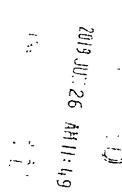
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R. WHITE
JUL 09 2019

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Ocala Community Care, Inc.

Name of Corporation

DOCUMENT NUMBER: N07000010861

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:

Prancine Moon

Name of Contact Person

Ocala Community Care, Inc.

Firm/Company

P.O. Box 5638

Address

Ocala FL 34478

City/State and Zip Code

Fmoon@marionso.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francine Moon

Name of Contact Person

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

statement of char	provisions of sections 607,0502, 617,050 uge is submitted for a corporation orga to change its registered office or regist	nized under the laws of the State of .	Florida
i. The name of th	he corporation: Ocala Community	/ Care, Inc.	
2. The principal of Ocala, FL	office address: 700 NW 30th Ave	<u>. </u>	
3. The mailing ac	ddress (if different): P.O Box 5638	}	
4. Date of incorp	poration/qualification: November 7,	2017 Document number: N0700	00010861
	street address of the current registered tment of State: (If resigned, enter resign		rith the
	Loretha D. Tolbert-Rich		
	Pending Resignation		2019
			.019 JUT 26
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered of	ffice AH III
	Susie Crabb		50
	P.O. Box NO) Lacceptable	
The street addre	ess of its registered office and the street be identical.	t address of the business office of it	ts registered agent.
Such change wa authorized by th	is authorized by resolution duly adopte the boards or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so
Signalture of an officer or director Dr. Segismundo Pares, PD/Board Cha			
I hereby accept .	the appointment as registered agent at o comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified	tutos relative to the proper and can	nplete n as registered ce address. I
- Wh	Want-M	June 14, 2019	
	nature of Registered Agent	Date	
It signing on bel	half of an entity:		
TV	ped or Printed Name		

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