## N12 000004099

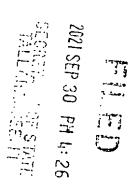
(Requestor's Name)					
(Address)	_				
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Q1.,					
0112					
8/12 NO	>				

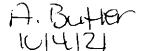




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## **COVER LETTER**

Amendment Section

TO:

Las EVED Division of Corporations SUBJECT:\_CARES Outreach Services, Inc 2321 AUG 12 AH 10: 49 Name of Corporation DOCUMENT NUMBER: N12000004099 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: MICHAEL A. KEHOE Name of Contact Person CARES Outreach Services, Inc. Firm/Company 24 NORTH LIME AVE, UNIT #38 Address SARASOTA, FL 34237 City/State and Zip Code michaelkehoe721@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

**Mailing Address:** Amendment Section Division of Corporations P.O. Box 6327

Name of Contact Person

Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

at (941 ) 224-2155 Area Code & Daytime Telephone Number

CR2E045 (04/13)

MICHAEL A KEHOE

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

statement of cha	provisions of sections 607.0502, 617.0 unge is submitted for a corporation org er to change its registered office or reg	ganized under the laws of the Sta	te of FLORIDA	
1. The name of	the corporation: CARES Outreach Serv	vices, Inc		
	office address: 24 N LIME AVE, UNIT			
3. The mailing a	address (if different): (SAME)		· · · · · · · · · · · · · · · · · · ·	
4. Date of incor	poration/qualification: 04/19/2012	Document number: N12	2000004099	
5. The name and	d street address of the current registere rument of State: (If resigned, enter resigned)	d agent and registered office on f		
	KEN KIGONGO			
	6620 CONNECTICUT AVE		<del></del>	
	SRASOTA, FL 34243		ZDZI SEP	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	MICHAEL A KEHOE			
	3223 N LOCKWOOD RIDGE RD., #1	58	PH 14: 2	
P.O. Box NOT acceptable				
	SARASOTA, FL 34234			
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office	e of its registered agent,	
Such change wa authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or length notified in writing of the chang	by an officer so e.	
hul me	A LC-a	MICHAEL A		
	the of an officer or director  the appointment as registered agent to comply with the provisions of all si and I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chan	Printed or typed name and agree to act in this capacity tatutes relative to the proper an obligation of my position as regional the registered office address, I ge.		
hand	1 VOor	AUGUSK Date	9. 2021	
_	chalf of an entity:	Date		
т	yped or Printed Name			

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

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



201 SER 23 1111:34

September 10, 2021

MICHAEL A. KEHOE CARES OUTREACH SERVICES, INC. 24 NORTH LIME AVE, UNIT #38 SARASOTA, FL 34237 US

SUBJECT: CARES OUTREACH SERVICES, INC.

Ref. Number: N12000004099

We have received your document for CARES OUTREACH SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00021781

Anissa Butler Regulatory Specialist II

www.sunbiz.org



Division of Corporations

- 1

2011 SEP -9 MH 10: 46

August 24, 2021

MICHAEL A. KEHOE CARES OUTREACH SERVICES, INC. 24 NORTH LIME AVE UNIT #38 SARASOTA, FL 34237 US

SUBJECT: CARES OUTREACH SERVICES, INC.

Ref. Number: N12000004099

We have received your document for CARES OUTREACH SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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Anissa Butler Regulatory Specialist II

Letter Number: 121A00020226

CK # 327 9/2/2021