

NI40000010708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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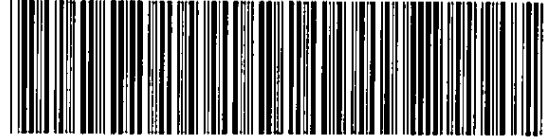
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DUNEDIN CARES, INC

Name of Corporation

DOCUMENT NUMBER: N14000010708

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:

BARBARA READ

Name of Contact Person

DUNEDIN TAX & ACCOUNTING

Firm/Company

1224 COUNTY ROAD 1

Address

DUNEDIN, FL 34698

City/State and Zip Code

DUNEDINTAX@YAHOO.COM

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

For further information concerning this matter, please call:

BARBARA READ

Name of Contact Person

at (727) 736-1242

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

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JUL -5 AM 11:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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: DUNEDIN CARES, INC
2. The principal office address: 1630 PINEHURST ROAD, DUNEDIN, FL 34698
3. The mailing address (if different): 1224 COUNTY ROAD 1, DUNEDIN, FL 34698
4. Date of incorporation/qualification: 11/20/2014 Document number: N14000010708

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)

HUGHES, EDWARD T

1500 COUNTY RD 1, #278

DUNEDIN, FL 34698

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

JOSEPH M. MACKIN

649 JACARANDA ST

P.O. Box NOT acceptable

DUNEDIN, FL 34698

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.

Barbara A. Read
Signature of an officer or director

Barbara A. Read, TRUSTEE
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.

Joseph M. Mackin
Signature of Registered Agent

7-1-19
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)