

N15000005449

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

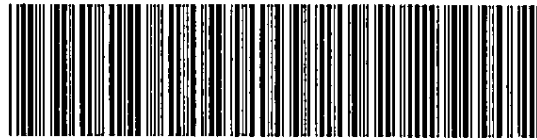
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700302868797

08/28/17--01014--016 \*\*35.00

2017 AUG 28 PM 2:01  
RECEIVED BY MAIL  
FEB 28 2017

AUG 31 2017

CLERK

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Flagler Cares, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N15000005449

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:

Carrie Baird

Name of Contact Person

Flagler Cares, Inc.

Firm/Company

316 South Ocean Shore Boulevard

Address

Flagler Beach, FL 32136

City/State and Zip Code

carrie@flaglercares.org

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

For further information concerning this matter, please call:

Carrie Baird

Name of Contact Person

at ( 386 ) 295-1112

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

2011 AUG 28 PM 2:01  
DIVISION OF  
CORPORATIONS  
STATE OF FLORIDA

**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: Flagler Cares, Inc.
2. The principal office address: 316 South Ocean Shore Boulevard, Flagler Beach, FL 32136
3. The mailing address (if different): 316 South Ocean Shore Boulevard, PO Box 434, Flagler Beach, FL 32136
4. Date of incorporation/qualification: 6-1-15 Document number: N15000005449
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)

John Incorvaia

14 Boulder Rock Drive

Palm Coast, FL 32137

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

Carrie Baird

316 South Ocean Shore Boulevard

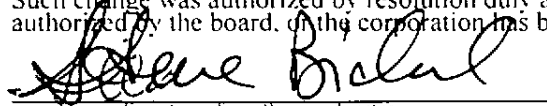
P.O. Box NOT acceptable

Flagler Beach, FL 32136

2017 AUG 28 PM 2:01  
DIVISION OF CORPORATIONS

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

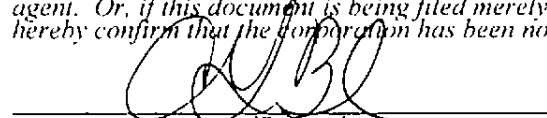
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.

  
Signature of an officer or director

Steve Bickel, President

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.*

  
Signature of Registered Agent

8-24-17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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