

N15000 005 449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

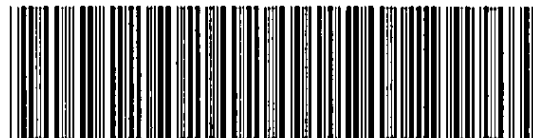
(Business Entity Name)

(Document Number)

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

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## 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

2561 Moody Boulevard, Suite 206  
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 at ( 386 ) 295-1112  
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: Flagler Care, Inc.
2. The principal office address: 316 South Ocean Shore Boulevard, Flagler Beach, FL 32136
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/01/2015 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)

Carrie Baird

316 South Ocean Shore Boulevard

Flagler Beach, FL 32136

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

Carrie Baird

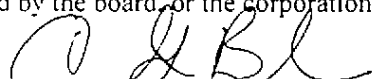
2561 Moody Boulevard, Suite 206

P.O. Box NOT acceptable

Flagler Beach, FL 32136

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.

  
\_\_\_\_\_  
Signature of an officer or director

Carrie Baird, Executive Director

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

8/29/19  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Carrie Baird

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