## P00000011940

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## TRANSMITTAL LETTER

TO: AMENDMENT SECTION	
DIVISION OF CORPORATION	ONS
SUBJECT: (Name of Corporation)	anections, Inc
_ DOCUMENT NUMBER: POO	0000 11940
The Enclosed Statement of Change of Please return all correspondence conce	Registered Office/Agent and fee are submitted for filing. erning this matter to the following:
JOHN (JACK) Panacci	one tr
(Name of person)	
laringlonnect	ions, Inc.
(Name of firm/company)	
600 E. Straw (Address)	bridge Ave, #300.
Melbourne, Fr	32901
(City/State/Zip)	
For further information, please call:	
Vicini Panadaina	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Name of person)	
(Name of person)	Area Code & Daytime number
Enclosed is a check for \$35.00 made p	ayable to the Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, 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: <u>Caring Connections</u> Eine.		
2. The principal office address: 600 E. Strawbridge Five, Melbourne, Fi 32901		
3. The mailing address (if different):		
 4.Date of incorporation/qualification: 2/3/2000, Document #: \$\frac{90000011940}{}		
5. The name and street address of the current registered agent and registered office with the Florida Department of State:  Victor Kostro 1825 Riverview De, Melbourne,		
FL 32901		
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed); TACK) Panaccione TR 600 E. Strawbridge Av.,  5+C 300, Melbourne, FL 32901		
The street address of its registered office and street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution 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 officer, director, or v. chairman) (Print name)		
 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 obligations of my position as registered agent. Or, if this document 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)  Total Canaccione JR  (Print name)		
If signing on behalf of an entity:  (type or print name)  (Capacity)  (Capacity)  FILING FEE \$35.00		

Make check payable to Florida Department of State