

08/07/2018 09:45 Dan Hicks (FAX) 352 624 8720 P.001/003  
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Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : DANIEL HICKS, P.A.  
 Account Number : 075061003325  
 Phone : (352)351-3353  
 Fax Number : (352)351-8054

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: weclose2@danielhickspa.com

REGISTERED AGENT CHANGE  
 CARING MOMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARING MOMENTS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P01000010243

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:

Daniel Hicks, Esquire  
Name of Contact Person

Daniel Hicks, P.A.  
Firm/Company

421 S. Pine Avenue  
Address

Ocala, FL 34471  
City/State and Zip Code

motherava@embarqmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Hicks at ( 352 ) 351-3353  
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

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**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: CARING MOMENTS, INC.
- 2. The principal office address: 6399 SW 103rd Street Road  
Ocala, FL 34476
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/26/2001 Document number: P01000010243

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)

Errol Cameron  
6399 SW 103rd Street Road  
Ocala, FL 34476


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

Mary Woods  
6399 SW 103rd Street Road  
P.O. Box NOT acceptable  
Ocala, FL 34476


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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.

      Mary Woods  
Signature of an officer or 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.*

      7-31-18 , 2018  
Signature of Registered Agent      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)

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