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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAREN CORPORATION

(Name of corporation)

DOCUMENT NUMBER: P02000029753

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:

MARGARITA PEREZ

(Name of contact person)

CAREN CORPORATION

(Firm/Company)

10270 S.W. 144TH PLACE

(Address)

MIAMI, FL 33186

(City/state and zip code)

For further information concerning this matter, please call:

MARGARITA PEREZ

(Name of contact person)

at (305)

408-9490

(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 16, 2004

MARGARITA PEREZ
CAREN CORPORATION
10270 SW 144TH PLACE
MIAMI, FL 33186

SUBJECT: CAREN CORPORATION
Ref. Number: P02000029753

We have received your document for CAREN CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please name only one individual as the registered agent. Please sign and return for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 104A00050394

RECEIVED
04 AUG 30 AM 9:30
DIVISION OF CORPORATIONS

**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: CAREN CORPORATION
2. The principal office address: 10270 S.W. 144TH PLACE, MIAMI, FL 33186
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/19/2002 Document number: P020000297
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARGARITA PEREZ, 14331 S.W. 169TH STREET, MIAMI, FL. 33177

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

MARGARITA PEREZ, 10270 S.W. 144TH PLACE, MIAMI, FL. 33186

(P.O. Box NOT acceptable)

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.

x

(Signature of an officer or director)

MARGARITA PEREZ, 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.

x

(Signature of Registered Agent)

AUGUST 25, 2004

(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