

PD2000067642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

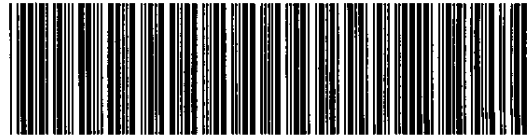
(Business Entity Name)

(Document Number)

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14 OCT - 1 PM 1:00
DIVISION OF CORPORATIONS

C. Lewis
10-10-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: E&I Care Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P02000067642

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:

Nat Elesgaray
Name of Contact Person

E&I Care Services, Inc
Firm/Company

13550 SW 88th Street #236
Address

Miami, FL. 33186
City/State and Zip Code

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

For further information concerning this matter, please call:

Nat Elesgaray at (305) 904-8094
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: E & I Care Services, Inc.
2. The principal office address: 13550 SW 88th Street suite # 236
Miami, FL. 33186
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06-19-2002 Document number: P02000067642
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)

Nat Elesgaray
10827 SW 74 Street
Miami, FL. 33173

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

Nat Elesgaray
6702 SW 147 Ct
Miami, FL. 33193

P.O. Box NOT acceptable

14 OCT -1 PM 1:00
FLORIDA DEPARTMENT OF STATE
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, or the corporation has been notified in writing of the change.

Nat Elesgaray
Signature of an officer or director

Nat Elesgaray 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.

Nat Elesgaray
Signature of Registered Agent

Sept. 24, 2014
Date

If signing on behalf of an entity:

Nat Elesgaray
Typed or Printed Name

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