

P03000018159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

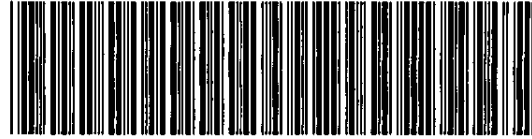
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400265531784

10/17/14--01025--008 **175.00

FILED
14 OCT 17 PM 3:18
TELETYPE UNIT

Rd Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Guardian Care Services of Broward, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000018159

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:

Annette M Novela, ESQ.

Name of Contact Person

Annette M Novela, PA

Firm/Company

2000 NW 150th Avenue, Suite 2000

Address

Pembroke Pines, FL 33028

City/State and Zip Code

Annette@NovelaPA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette M. Novela

Name of Contact Person

at (954) 251-2269

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

FILED

14 OCT 17 PM 3:18

**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: Guardian Care Services of Bloward, Inc.
2. The principal office address: 2000 NW 150 Ave, Suite 2000,
Pembroke Pines, FL 33028
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/14/2003 Document number: P0300018159

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)

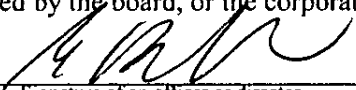
Erkys M. Bilbao
7100 Melaleuca Rd.
Southwest Ranches, FL 33330

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

Erkys M. Bilbao
14631 Mustang Trail
P.O. Box NOT acceptable
Southwest Ranches, FL 33330

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

Erkys Bilbao, Pres.
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

10/2/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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