P04000015952

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





500321564035

12/03/18--01015--012 **35.00

SECRETARY OF STATE

DEC 11 2018 MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: GP COTE SCIUCE, INC. TO BOOK SUBJECT:		
DOCUMENT NUMBER: P04000 5952		
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:		
Ernesto A. FRANCO Name of Contact Person GP Care Service, INC. Firm/Company 1509 GRANAM Dairy Road Address Venus FL 33960 City/State and Zip Code 6730360 G amail. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ERNESTO A FRANCO at 863, 613 - 0367 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: <u>GP Care Service</u> , <u>INC.</u>
2. The principal office address: 1509 Graham Dairy Road Venus, FL 33960
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/20/2004 Document number: POHOXXX 15
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)
Resigned Darrell R. Hill, Esq. 1154 Lea Blvd. Unit 6
Lehigh Acres FL 33936
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Ernesto A. FRANCO
1509 Graham Dairy Road ST. W.
Venus, FL 33960
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.
ERNESTO A. F. P. A. O. Printed or typed name and fitte
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 composition has been notified in writing of this change.
X M DJF 11-28-18 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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