

P 04 000153579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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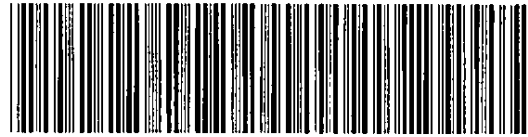
(Business Entity Name)

(Document Number)

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JUN 16 2017

C. GOLDEN

JUN 20 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Special Friends Care, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000153579

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:

Christine Holloway
Name of Contact Person

Special Friends Care, Inc.
Firm/Company

100 SW 75th Street Suite 203
Address

Gainesville, Florida 32607
City/State and Zip Code

special-friendsinc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Holloway at 352, 692-4930
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: Special Friends Care, Inc.
2. The principal office address: 100 SW 75th Street Suite 203
Gainesville, Florida 32607
3. The mailing address (if different): 100 SW 75th Street Suite 203
Gainesville, Florida 32607
4. Date of incorporation/qualification: Nov 2004 Document number: P04000153579
11/09/04

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)

Christine Holloway
2632 NW 43rd St. 3110
Gainesville, Florida 32606

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

Christine Holloway
100 SW 75th Street Suite 203
Gainesville, Florida 32607
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.

Christine Holloway
Signature of an officer or director

Christine Holloway / 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.

Christine Holloway
Signature of Registered Agent

June 12th, 2017
Date

If signing on behalf of an entity:

Christine Holloway
Typed or Printed Name

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

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