

PO 5000063680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

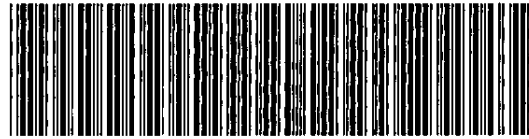
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOMY CARE SERVICE CORP  
Name of Corporation

**DOCUMENT NUMBER:** P05000063680

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:

SORAYA LOPEZ  
Name of Contact Person

SOMY CARE SERVICE CORP  
Firm/Company

13338 SW 60 th TR  
Address

MIAMI, FLORIDA 33183  
City/State and Zip Code

somycare@yahoo.es  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Soraya Lopez at ( 305 ) 383 5390  
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: SOMY CARE SERVICE CORP
2. The principal office address: 13338 SW 60 th PL  
MIAMI, FL 33183
3. The mailing address (if different): 13338 SW 60 th TR , MIAMI, FL 33183
4. Date of incorporation/qualification: 04/29/2005 Document number: P05000063680
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)

13338 SW 60 th TR

MIAMI, FL 33183-5152

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

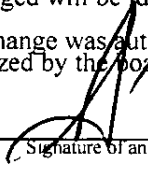
5675 SW 129 th PL

MIAMI, FL 33183

P.O. Box NOT acceptable

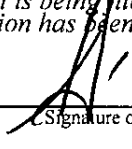
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

Soraya Lopez. 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

08/08/2011  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Soraya Lopez  
\_\_\_\_\_  
Typed or Printed Name

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