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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong

C. Coulllette JUL 21 2006

resign of officer

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TIME IS CARE II, INC.
(Name of Corporation)

DOCUMENT NUMBER: P050000143163

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LETICIA ROMERO

(Name of Person)

ZULON ACCCOUNTING, INC.

(Name of Firm/Company)

1140 WEST 50TH STREET #204

(Address)

HIALEAH, FLORIDA 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

LETICIA ROMERO

(Name of Person)

at (305) 821-9345

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TIME IS CARE II, INC
2. The principal office address: 3520 NW 210 TERRACE , OPA-LOCKA, FLORIDA 33056
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: October 20-20005 Document number: P050000143163
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Aida Isabel Echevarria

5998 west 14th Avenue

Hialeah, Florida 33012

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

Onilda Gamez

3520 NW 210 TERRACE , OPA-LOCKA, FLORIDA 33056

(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.

Aida I. Echevarria
(Signature of an officer or director)

Aida I. Echevarria
(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]
(Signature of Registered Agent)

6/9/06
(Date)

If signing on behalf of an entity:

ONILDA GAMEZ
(Typed or Printed Name)

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