

PO7000042032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

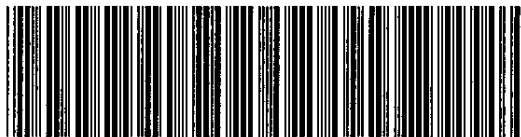
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

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AUG - 4 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Divinity Care Inc.
Name of Corporation

DOCUMENT NUMBER: P07000042032

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:

Constance McFadden
Name of Contact Person

Divinity Care Inc.
Firm/Company

9818 Bernwood Place Drive #108
Address

Fort Myers, Florida 33966
City/State and Zip Code

mcfadden184@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Constance McFadden at (954) 709-3756
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2009

CONSTANCE MCFADDEN
DIVINITY CARE, INC.
9818 BERNWOOD PLACE DR #108
FORT MYERS, FL 33966

SUBJECT: DIVINITY CARE, INC.
Ref. Number: P07000042032

We have received your document for DIVINITY CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 509A00021994

**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: Divinity Care, Inc.
2. The principal office address: 9818 Bernwood Place Drive #108
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 30, 2007 Document number: P07000042032
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)

Constance McFadden

1632 NW 11th Circle

Pompano Beach, Florida 33069

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

Constance McFadden

9818 Bernwood Place Drive #108

P.O. Box NOT acceptable

Fort Myers, Florida 33966

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

Constance McFadden Director

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

June 22, 2009

Date

If signing on behalf of an entity:

Constance McFadden

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 31 AM 8:02

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