# P07000107003

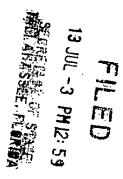
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200249408742

07/03/13--01008--015 \*\*35.00



C. LEWIS
JUL 9 2013
EXAMINER

### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Time less Houle Care Inc. Name of Corporation
DOCUMENT NUMBER: P07000107003
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:
Marc Bloom Name of Contact Person  Time less Home (are. Firm/Company
2750 D. 29 ave #320
Hollyword, FL33020 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (Q54) 367-3816  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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Timeless Houp (are Inc.
2. The principal office address: 2750 D. 29 ADE # 320
40114WOOd, FL 33020
3. The mailing address (if different):
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
4. Date of incorporation/qualification:
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)
Marc J 73/004
425 D Federal Nahwas
solde B Nallandale # 133010
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
2750 N. 294 Nue # 320 # 5 TI
940114W0001 FL 33020 1 0 F
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.
POET
granting of an officer or director Printed or typed name and title
Thereby accept the appointment as registered agent and agree to act in this capacity. Larther 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.
7enc
Signature of Registered Agent Date
If signing on behalf of an entity:

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