

P080000066062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

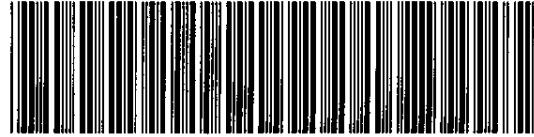
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600199468336

03/28/11--01063--002 **35.00

FILED

2011 MAR 28 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TBrown 3/28/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAY CARES AND SUPPORT, INC
Name of Corporation

DOCUMENT NUMBER: P08000066062

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:

OBIOMA ACHEBE
Name of Contact Person

BAY CARES AND SUPPORT, INC.
Firm/Company

13542 N. FLORIDA AVE STE 113
Address

TAMPA, FL 33613
City/State and Zip Code

ocach29@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OBIOMA ACHEBE at (813) 625-1044
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: BAY CARES AND SUPPORT, INC.
2. The principal office address: 13542 N. FLORIDA AVE STE 113
TAMPA, FL 33613.
3. The mailing address (if different): P.O. BOX 82991
TAMPA, FL 33682.
4. Date of incorporation/qualification: 7/8/2008 Document number: P08000066062
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)
OBIOMA C. ACHEBE
9510 WINDERMERE PARK CIR APT 302
RIVERVIEW, FL 33578.

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

13542 N. FLORIDA AVE STE 113
TAMPA FLORIDA 33613

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.

HACACH.

Signature of an officer or director

OBIOMA ACHEBE (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.

HACACH.

Signature of Registered Agent

3-17-2011

Date

If signing on behalf of an entity:

OBIOMA ACHEBE

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