MANSDO P.O. BOX FT. LAUS	equestor's Name of the Name of	
PICK-UP	☐ WAIT	MAIL
·	siness Entity Nan	ne)
(Do	cument Number)  Certificates	of Status
Special Instructions to		
Special instructions to	Filling Officer.	



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Office Use Only

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2011

Mansdorf P.O. Box 22984 Ft. Lauderdale, FL 33335

SUBJECT: D.C. CARE CORP. Ref. Number: P08000102179

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

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The designation of the registered agent must be at a Florida street address.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6907.

Letter Number: 811A00006788

Annette Ramsey Regulatory≴pecialist II

RECEIVED
11 MAR 30 AM 8: 3
SECRETARY OF STA
ALLAHASSEE, FLOR

www.sunbiz.org

## 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		
Material of change is submitted for a corporation organized under the laws of the State of FOAIDA		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: ACCAME COAP.		
2. The principal office address: A-O-SOX 22984 2537 GULFSTAEAM LANE		
FORT LAUDERDALE, FLORIDA 30005 333/2		
3. The mailing address (if different): P_O_ Box 22984		
FORT LAUDENDALE, FLORINA 33335		
4. Date of incorporation/qualification: 11/18/08 Document number: 108000/02/79		
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)		
RESIGNED TO THE		
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SS S		
mo a li		
6. The name and street address of the new registered agent (if changed) and /or registered office		
(if changed):		
MICHAEL V. MANSDORF, D.C., PRES.		
P.O. BOX 22984 2537 GULFSTREAM LANE		
FORT LAUDEADA/E, F/DAIDA 33335 33312		
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.		
1/1/// A MANON A MANON A CONTRACTOR AS CONTR		
Signature of an other or prector Printed or typed flame 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		
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.		
corporation has been notified in writing of this change.		
Signature of Registered Agent  Date		
If signing on behalf of an entity:		
WVWANSDOJF, D.C. PAES.		
* * * FIT ING FFF • \$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)