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PICK-UP	MAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: D. M. W Care Services Inc. Name of Corporation		
DOCUMENT NUMBER: P 1 000063409		
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:		
Debbie M White Name of Contact Person		
D. M. W Care Services Inc		
12503 SW 11Dth Street Road		
Micimi 71 331876 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Debbie White at (786) 962-0853 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 HOCLE
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: D. M. W. Care Services. Inc.
2. The principal office address: 13503 SW 110 Street Road, Miami' 71 33186
3. The mailing address (if different):
4. Date of incorporation/qualification: JUL 13, 201/ Document number: P1100063409
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)
mvP Financial Services UC = =
17406 SW 97 th Ave
Palmetto Bay # 33157
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Debbie 4 White 3 3
12503 SW 110th Street Road
Hiem, H 33186
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 Debbie White President Printed or typed name and little
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 thut the corporation has been notified in writing of this change.
Signature of Registered Agent Date Date
If signing on behalf of an entity:
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