

P120000003148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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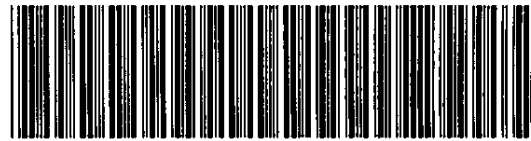
(Business Entity Name)

(Document Number)

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OCT 28 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: E & R HEALTH CARE, INC

Name of Corporation

DOCUMENT NUMBER: P12000003148

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:

EYLEN FLEITAS

Name of Contact Person

E & R HEALTH CARE, INC

Firm/Company

Address

3955 SW 137 AVE, STE 5 MIAMI, FL 33175

City/State and Zip Code

erhealthcare@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EYLEN FLEITAS

Name of Contact Person

at (**305**) **468-9544**

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: E & R HEALTH CARE, INC
2. The principal office address: 3955 SW 137 AVE, STE 5 MIAMI, FL 33175

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/10/2012 Document number: P12000003148

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)

EYLEN FLEITAS

5600 SW 135 AVE STE 213 MIAMI, FL 33183

Note: Only the address need to be changed

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

EYLEN FLEITAS

3955 SW 137 AVE, STE 5 MIAMI, FL 33175

P.O. Box NOT acceptable

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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.

Eylen Fleitas
Signature of an officer or director

EYLEN FLEITAS
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.

Eylen Fleitas
Signature of Registered Agent

10/25/2016
Date

If signing on behalf of an entity:

Typed or Printed Name

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