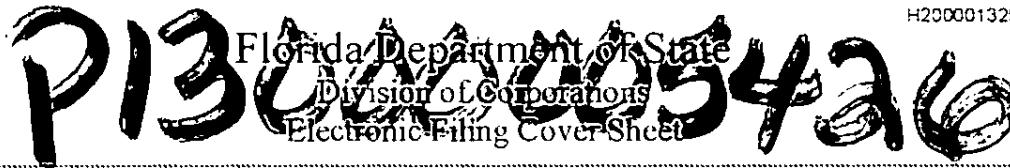


5/5/2020

Division of Corporations

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**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
NOVAE CARE & CONNECT INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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MAY 06 2020

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**COVER LETTER**

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TO: Amendment Section  
Division of Corporations

SUBJECT: NOVAE CARE & CONNECT INC  
Name of Corporation

DOCUMENT NUMBER: P13000005426

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:

Sergio Arana

Name of Contact Person

NOVAE CARE & CONNECT INC

Firm/Company

601 Brickell Key Drive, Suite 501

Address

Miami, FL 33131

City/State and Zip Code

sergio@wearenovae.com

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

For further information concerning this matter, please call:

Maria de Varona

Name of Contact Person

at (305) 4392317

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H20000132566

**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: NOVAE CARE & CONNECT INC
2. The principal office address: 601 Brickell Key Drive, Suite 501, Miami, FL 33131
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/16/2013 Document number: P13000005426
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)

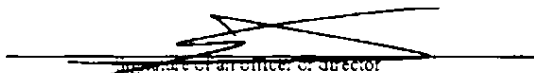
MONIQUE TRONCONE, CPA P.A55 NE 5TH AVENUEBOCA RATONFL 33432

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

Corporation Service Company1201 Hays StreetP.O. Box NOT acceptableTallahasseeFL 32301

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

Sergio AranaCEOPrinted or typed name and title

*Thereby 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.*

Corporation Service Company

By:   
Signature of Registered Agent

05/05/2020Date

If signing on behalf of an entity:

Amanda Robinson, Asst. Vice PresidentTyped 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

CR2E045 (04/13)

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