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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
POCLIMENT NUMBER: p13000039196

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:

Mercedes Garcia Name of Contact Person Century Home Care II, Inc Firm/Company 2840 NW 2 ave Suite 101 Address Boca Raton, Fl. 33431 City/State and Zip Code centuryhomecareii@aol.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercedes Garcia at (786) 2900627

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	r_florida	
1. The name of t	he corporation: Century Hom	ne Care II, Inc.		
		ve suite 101. Boca Raton, F	L. 33431	•
3. The mailing a	ddress (if different): same			
4. Date of incorp	poration/qualification: 4/30/201	13Document number: P130	00039186	
	I street address of the current registement of State: (If resigned, enter i	tered agent and registered office on file v resigned)	vith the	
	resigned Henry Garcia		_	
	2840 Nw 2 ave suite 10	01. Boca Raton, FL. 33431	22	
			100 H	<u>iT</u> i
6. The name and (it changed):	I street address of the new registere	ed agent (if changed) and /or registered o	υ # **	. U
	Mercedes Garcia		200 2	
	·	01. Boca Raton, FL. 33431	2: 58	
The street addre	ss of its registered office and the be identical.	street address of the business office of i	- its registered agent	
Such change wa	is authorized by resolution duly ac	dopted by its board of directors or by an een notified in writing of the change.		
		Mercedes Garcia Pres		
I hereby accept I further agree to performance of agent. Or, if the	o comply with the provisions of a my duties, and I am familiar with	Printed or typed name and ti ent and agree to act in this capacity. Il statutes relative to the proper and con and accept the obligation of my positio to reflect a change in the registered offi ified in writing of this change.	mplete on as register e d	
	// C	05/07/2019		
	beture of Registered Agent	Date		
If signing on be	half of an entity:			
	eped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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