

PI3000057 448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

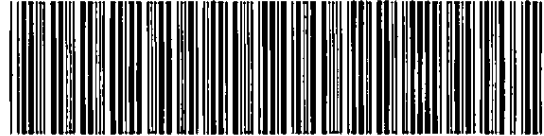
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

JUL 2 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

Care for America Corp

SUBJECT: _____
Name of Corporation
P13000057448

DOCUMENT NUMBER: _____

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:

Thutrong Alexis Nguyen

Name of Contact Person

Care for America Corp

Firm/Company

4730 N. Habana Avenue Suite 304

Address

Tampa, FL 33614

City/State and Zip Code

anguyen@assistinghands.com

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

For further information concerning this matter, please call:

Alexis Nguyen

813

868-6782 ext 105

Name of Contact Person at (_____) _____
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

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: Care for America Corp
2. The principal office address: 4730 North Habana Avenue Suite 304, Tampa, FL 33614

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 07/01/2013 Document number: P13000057448

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)

Thutrung (Alexis) Nguyen

2203 North Lois Avenue Suite G450

Tampa, FL 33607

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

Thutrung (Alexis) Nguyen

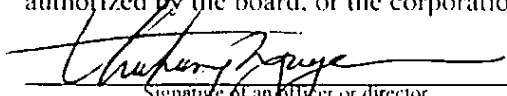
4730 North Habana Avenue Suite 304

P.O. Box NOT acceptable

Tampa, FL 33614

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

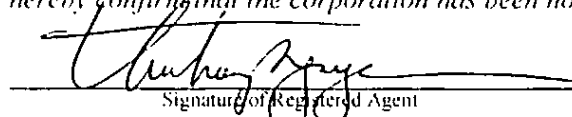
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Thutrung Nguyen, President

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.


Signature of Registered Agent

July 1, 2019

Date

If signing on behalf of an entity:

Thutrung Nguyen

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