

P 140000 42595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

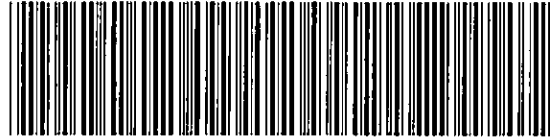
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ALONDRA CARE HOME INC  
Name of Corporation

DOCUMENT NUMBER: G14000020046

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:

ODALYS CORVO

Name of Contact Person

ALONDRA CARE HOME INC

Firm/Company

8012 GREENSHIRE DRIVE

Address

TAMPA FLORIDA 33634

City/State and Zip Code

acorvo0589@yahoo.com

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

For further information concerning this matter, please call:

ODALYS CORVO

at ( 813 ) 335-9506

Name of Contact Person

Area Code & Daytime Telephone Number

2024 NOV 12 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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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

**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: ALONDRA CARE HOME INC  
2. The principal office address: 8012 GREENSHIRE DRIVE, TAMPA, FLORIDA 33634

3. The mailing address (if different): AS ABOVE  
4. Date of incorporation/qualification: 02.25.2014 Document number: G14000020046  
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)

ALONDRA CARE HOME INC

8206 GREENSHIRE DRIVE

TAMPA FLORIDA 33634

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

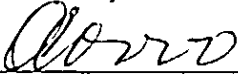
8012 GREENSHIRE DRIVE

TAMPA FLORIDA 33634

P.O. Box NOT acceptable

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.

x 

Signature of an officer or director

ODALY'S CORVO CEO/ADMINISTRATOR

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

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  
CR2E045 (04/13)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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