

P 14000093098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

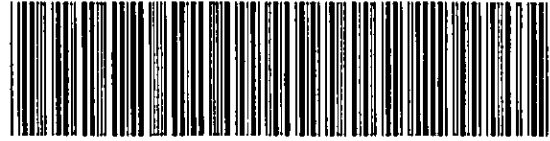
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700303919847

10/02/17--01013--002 \*\*35.00

FILED  
2017 OCT -2 AM 11:55  
TALLAHASSEE, FLORIDA

C. GOLDEN

OCT - 4 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PATTI'S CARE, INC.  
Name of Corporation

DOCUMENT NUMBER: P14000093098

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:

PATRICIA A SINGLETON

Name of Contact Person

PATTI'S CARE, INC.

Firm/Company

8725 OLIVERA STREET

Address

NAVARRE, FL 32566

City/State and Zip Code

PATTISINGLETON13@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICIA A SINGLETON at (850) 533-3184  
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**

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: PATTI'S CARE, INC.
2. The principal office address: 8725 OLIVERA STREET, NAVARRE, FL 32566
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: NOVEMBER 10, 2014 Document number: P14000093098
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)

NANCY L HARTJEN, ESQ.

7475 CHASE STREET

NAVARRE, FL 32566

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

PATRICIA A SINGLETON

8725 OLIVERA STREET

P.O. Box NOT acceptable

NAVARRE, FL 32566

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.

Patricia A. Singleton  
Signature of an officer or director

Patricia A. Singleton (D)  
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.*

Patricia A. Singleton  
Signature of Registered Agent

09/29/2017  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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