

P15000036202

(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



800272435288

05/07/15--01026--013 **35.00

15 MAY -7 PM 3:59

RECEIVED
DIVISION OF CORPORATIONS
MAY 13 2015

CL
5-13-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dependable Nursing Services Of Florida INC
Name of Corporation

DOCUMENT NUMBER: P15000036202

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:

Micheline Benoit

Name of Contact Person

Dependable Nursing Services Of Florida INC

Firm/Company

369 Alston Dr

Address

Orlando FL 32835

City/State and Zip Code

michelenejl@gmail.com

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

For further information concerning this matter, please call:

Micheline Benoit

Name of Contact Person

at **407** **692 8615** anytime

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: Dependable Nursing Services Of Florida INC
2. The principal office address: 369 Alston Dr
Orlando FL 32835
3. The mailing address (if different): 369 Alston Dr
Orlando Florida 32835
4. Date of incorporation/qualification: April 21, 2015 Document number: P15000036202
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)

CHERISOL, WESLEY

6239 EDGEWATER DRIVE A1

ORLANDO, FL 32810

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

Micheline Benoit

369 Alston Dr

P.O. Box NOT acceptable

Orlando FL 32835

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

Micheline Benoit CEO

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

April 26 2015

Date

If signing on behalf of an entity:

Dependable Nursing Services Of Florida INC

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 (03/12)

15 MAY -7 PM 3:59
DIVISION OF CORPORATIONS