## P16 0000027271

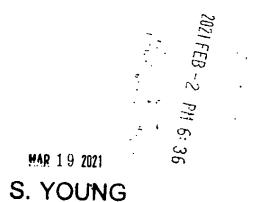
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Caubbean Direction Name of Corporation
DOCUMENT NUMBER: ( 1600000 2727)
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:
Name of Contact Person  Citrus Caichean Direct  Firm/Company  1332 N Chery Pap Drui  Address  Vernands, Fla. 34442  Cry/State and Zip Code  Scott-LAPh AM @ Hotmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scitt Lephon at (352) 302-1860  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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## - 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 <b>florida</b> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Carebo Division Inc
2. The principal office address: 1332 N Chey Pap Du
3. The mailing address (if different):
4. Date of incorporation/qualification: $3/23/16$ Document number: $P 16000662727$
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)
Robert Eldredge
3500 E Sheel to Lake Why
Insumess, Fla. 34453
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
1332 N Chey Pap Dr P.O. Box NOT acceptable  Thursdo, Fla 34447
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.
Suff A Signature of an officer or director Signature of an officer or director 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 1/26/21 Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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