

P160000 70578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Owen Care Services INC

Name of Corporation

DOCUMENT NUMBER: P16000070578

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:

Maria Ricardo

Name of Contact Person

Owen Care Services INC

Firm/Company

10300 SW 72nd ST, Ste 460-8

Address

Miami, FL 33173

City/State and Zip Code

owencareservices@yahoo.com

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

For further information concerning this matter, please call:

Maria Ricardo

Name of Contact Person

305 640-5314

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

**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: Owen Care Services INC
2. The principal office address: 10300 SW 72nd ST, Ste 460-8
Miami, FL 33173
3. The mailing address (if different): 10300 SW 72nd ST, Ste 460-8
Miami, FL 33173
4. Date of incorporation/qualification: 08/24/2016 Document number: P16000070578
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)
- 20300 SW 106 CT
Cutler Bay, FL 33189

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

10300 SW 72nd ST, Ste 460-8
Miami, FL 33173

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.



Signature of an officer or director

Maria Ricardo

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

11/5/2018

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