

P170000026736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

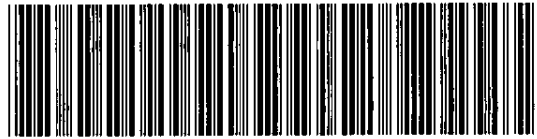
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APR 11 2017

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **CAB CARES INC**

Name of Corporation

**DOCUMENT NUMBER:** **P17000026736**

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:

**Kharma Rogers**

Name of Contact Person

**CAB CARES INC**

Firm/Company

**3616 Webber St Ste202**

Address

**Sarasota FL 34232**

City/State and Zip Code

**cabkharma@outlook.com**

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

For further information concerning this matter, please call:

**Kharma Rogers**

Name of Contact Person

**941 376-5977**

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

RECEIVED  
17 MAR 31 PM 1:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2017

KHARMA ROGERS  
CAB CARES INC  
3616 WEBBER ST., STE. 202  
SARASOTA, FL 34232

SUBJECT: CAB CARES INC  
Ref. Number: P17000026736

We have received your document for CAB CARES INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 817A00006264

**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: CAB CARES INC
2. The principal office address: 3616 Webber ST STE 200  
Sarasota Fl 34232
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04-01-17 Document number: P17000026736
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)

Nicholas Behrens

3616 Webber St STE 202

Sarasota Fl 34232

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

Kharma Rogers

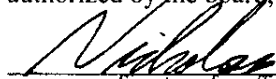
3616 Webber St STE 200

P.O. Box NOT acceptable

Sarasota Fl 34232

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

Nicholas Behrens , President

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

04/01/2017

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 (03/12)

**FILED**  
2017 APR 10 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA