

P17 0000 68328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

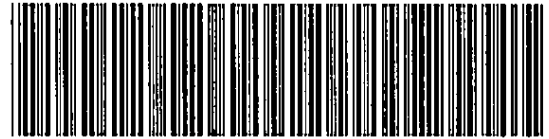
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200343420382

04/21/20--01022--027 **35.00

FILED
2020 APR 21 PM 3:54
CLERK OF DISTRICT COURT
SALT LAKE COUNTY, UTAH

RA/RD/chg

MAY 06 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bailey Family Care, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000068328

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:

Timothy Bailey

Name of Contact Person

Bailey Family Care, Inc.

Firm/Company

1815 Heath Care Drive, Suite B

Address

Trinity, FL 34655

City/State and Zip Code

tsbailey41@yahoo.com

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

For further information concerning this matter, please call:

Timothy Bailey

at (727) 239-2679

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

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: Bailey Family Care, Inc.
2. The principal office address: 1815 Health Care Drive, Suite B
Trinity, FL 34655
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/14/2017 Document number: P17000068328
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)

Anthone R. Damianakis

2348 Sunset Point Road

Clearwater, FL 33765

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

Kole J. Long, Esq.

c/o Special Needs Lawyers, PA, 901 Chestnut Street, Suite C

P.O. Box NOT acceptable

Clearwater, FL 33756

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

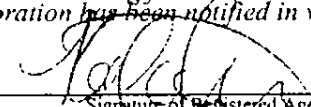
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X 
Signature of an officer or director

Timothy Bailey, Director/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

04/13/2020

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 (04/13)

FILED
2020 APR 21 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA