

PH000083728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

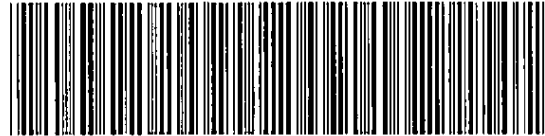
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 840535 8143296

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : July 12, 2019

ORDER TIME : 2:51 PM

ORDER NO. : 840535-005

CUSTOMER NO: 8143296

CHANGE OF AGENT

NAME: 49TH STREET CARE INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

**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: 49th STREET CARE INC.
2. The principal office address: 400 RELLA BLVD STE #200
MONTEBELLO NY 10901
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/17/2017 Document number: P17000083728

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)

VCORP SERVICES, LLC

5011 S STATE RD, STE 106

DAVIE

FL 33314

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

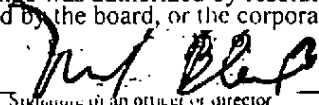
P.O. Box NOT acceptable

TALLAHASSEE

FL 32301

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

Michael Bleich 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.

Corporation Service Company

By: 

Signature of Registered Agent

7/15/19

Date

If signing on behalf of an entity:

Lydia Cohen

Asst. Vice President

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)

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STATEMENT OF STATE
TALLAHASSEE, FLORIDA