

P18 000037333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

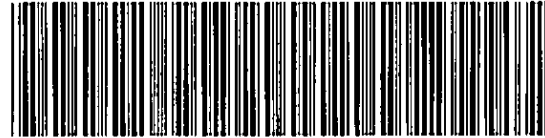
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000374154450

10/01/21--01010--013 **35.00

FILED
2021 OCT -1 PM 12:36
SECRETARY OF STATE
MILWAUKEE, WISCONSIN

A. Butler
10/11/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Caring Hearts Living
Name of Corporation

DOCUMENT NUMBER: P18000037333

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:

Paul Nolan

Name of Contact Person

Caring Hearts Living

Firm/Company

2009 Tournament Dr

Address

Apopka FL 32712

City/State and Zip Code

caringheartsliving@gmail.com

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

For further information concerning this matter, please call:

Paul Nolan

Name of Contact Person

at (407-538-613)

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: Caring Hearts Living Inc
2. The principal office address: 2009 Tournament Dr. Apopka FL 32712
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/01/2021 Document number: P18000037333
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)

Rhea Ambray- Resigned

1054 Mayfair St

Eustis FL 32726

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

Paul Nolan

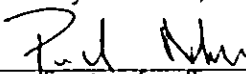
2009 Tournament Dr

P.O. Box NOT acceptable

Apopka FL 32712

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

Paul Nolan- 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

09/27/2021

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)