P18000 13086

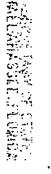
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THE THE PRINTS PRINTS

ESC E & NH

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Care in Mind Community Services Inc

Name of Corporation

P1800073086

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:

Nelly E Mola

Name of Contact Person

Care in Mind Community Services

Firm/Company

14680 sw 8th Street, Suite 209

Address

Miami FL, 33184

City/State and Zip Code

careinmind@hotmail.com

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

For further information concerning this matter, please call:

Nelly E Mola

786

377-1350

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1 ange is submitted for a corporation organized under the laws of er to change its registered office or registered agent, or both, in	f the State of Florida
	the corporation: Care in Mind Community Service	
2. The principal	office address: 14680 sw 8th street, Suite 209, I	Miami FL 33184
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 08/26/2018 Document num	P18000073086
5. The name and	d street address of the current registered agent and registered of artment of State: (If resigned, enter resigned)	ffice on file with the
	Nelly E Mola	
	550 Fairway Drive, Unit 105B	
	Deerfield Beach, FL 33441	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or	registered office
	Nelly E Mola	
	14680 sw 8th street, Suite 209,	
	P.O. Box NOT acceptable Miami FL, 33184	
The street addre	ess of its registered office and the street address of the busine be identical.	ss office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directic board or the corporation has been notified in writing of the	tors or by an officer so
Mala	Nelly E Mola Printed or t	President
I hereby accept I further garee t	the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the promy duties, and I am familiar with and accept the obligation of is document is being filed merely to reflect a change in the rethat the comporation has been notified in writing of this change.	capacity.
2/1/1/Sign	Nature of Registered Agent 5/13/	/ C/ Date
If signing on bel	half of an entity:	
Nelly	ped or Printed Name	

* * * FILING FEE: \$35.00 * * *