

PI8000074004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

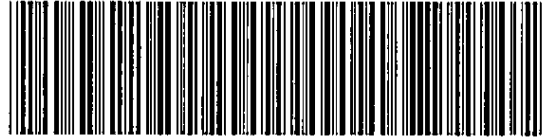
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TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA MED-CARE, INC.

Name of Corporation

DOCUMENT NUMBER: P18000074004

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:

Marilinda Lorenzo

Name of Contact Person

FLORIDA MED-CARE, INC.

Firm/Company

953A SW 87TH AVENUE

Address

MIAMI FLORIDA 33174

City/State and Zip Code

floridamedcare@gmail.com

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

For further information concerning this matter, please call:

MARILINDA LORENZO at 786 953-6790

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

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF
BO OR 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: Florida Med-Care, Inc.
2. The principal office address: 953A SW 87th Ave, Miami FL 33174
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/21/2019 Document number: P18000074004
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)
Marilinda Lorenzo
6534 SW 136 CT MIAMI, FL 33183
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed)
Marilinda Lorenzo
953A SW 87th Ave, Miami FL 33174
P.O. Box NOT acceptable

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

Marilinda Lorenzo/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

07/02/2019

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 (07/13)

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