(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(511)/51313121217113113117
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Frame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600377527266

#11 8: 58

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

ACCOUNT NO. : 12000000195				
REFERENCE : 349436 158571A				
AUTHORIZATION Spelle man				
COST LIMIT : \$35.00				
ORDER DATE : December 23, 2021				
ORDER TIME : 9:30 AM				
ORDER NO. : 349436-005				
CUSTOMER NO: 158571A				
CHANGE OF AGENT				
NAME: MIAMI CARE CENTER INC				
Wall Mimil Carl Chille Inc				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
AA PLAIN SIAMPED COPY				
CONTACT PERSON: Alexxis Weiland EXT#				

EXAMINER:

COVER LETTER

Amendment Section Division of Corporations

TO:

NAME OF SECURITY AND					
SUBJECT: MIAMI CARE CENTER INC Name of Corporation					
DOCUMENT NUMBER: P20000037701					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this ma	itter to the following:				
Trcia L. Robinson					
Name of Contact Person					
Avante Group, Inc.					
Firm/Company					
5900 Lake Ellenor Drive, Sute 700A					
Address					
Orlando, FL 32809					
City/State and Zip Code					
ceo@avantegroup.com					
E-mail address: (to be used for future annual rep	port notification)				
For further information concerning this matter, plea	se call:				
John C. Hornack	at (954) 734-4409				
Name of Contact Person	at (954) 734-4409 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Dep	partment of State.				
Mailing Address:	Street Address:				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
Division of Corporations	Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	mge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of gistered agent, or both, in the State of I	Florida	this	
	the corporation: MIAMI CARE CENT		ico reas.		
2. The principal	office address:				
3. The mailing a					
4. Date of incor	poration/qualification: 05/21/2020	Document number: P20000	03770		
	d street address of the current register runent of State: (If resigned, enter res	red agent and registered office on file wisigned)	ith the		
	AVANTE GROUP, INC.		_		
	5900 LAKE ELLENOR DR., SUIT	E 700A	(/) (<u>(</u> -1])	202	
	ORLANDO	FL 32809	CREE	2021 DEC	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered of	fice	27	
	Corporation Service Company		Ē	AM B:	•
	1201 Hays Street			58	
	P.C) Box NOT acceptable	-		
	Tallahassee	FL 32301	■~		
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of it	ts registe	ered ag	ent.
Such change wa authorized by th	as authorized by resolution duly add ne poard, or the corporation has bee	opted by its board of directors or by an notified in writing of the change.	officer s	so	
Mila	laure	Tricia L. Robinson, President			
	re of an officer or director	Printed or typed name and ti	itle		—
I further agree of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all Id I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha Service Company	nt and agree to act in this capacity, statutes relative to the proper and con obligation of my position as registere in the registered office address, I herei nge.	nplete pe d agent, by confir	erforma Or. if m that	ance this the
- (h		12/27/2021			
Sig	nature of Registered Ageni	Date			_
If signing on be	half of an entity:				
T	yped or Printed Name				

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