

P960000 22097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

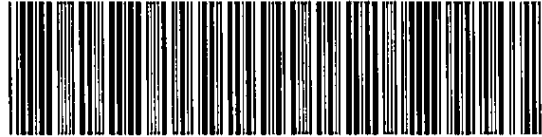
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Care Consultants, Inc.

Name of Corporation

DOCUMENT NUMBER:

P96 0002297

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:

Kristine Judeikis, Registered Agent

Name of Contact Person

All Care Consultants, Inc.

Firm/Company

(Old address) 3333 W Commercial Blvd #101

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

Kristine@AllCareConsultants.com

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

For further information concerning this matter, please call:

Kristine Judeikis

Name of Contact Person

954 748-2800

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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: All Care Consultants, Inc.
2. The principal office address: 3333 W Commercial Blvd #101 (old address)
Ft. Lauderdale, FL 33309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1996 Document number: P 9600022097

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)

Kristine Judeikis, as above

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

Kristine Judeikis

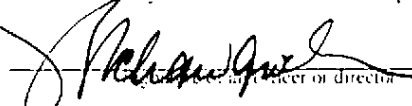
21346 St. Andrews Blvd. #228

P.O. Box NOT acceptable

Boca Raton, FL 33433

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.

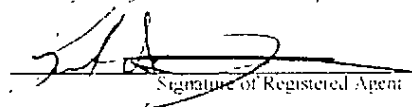


Signature of officer or director

Regina Schwaroch, COO

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

3/18/19

Date

If signing on behalf of an entity:

Kristine Judeikis, Registered Agent

Typed or Printed Name

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