P97000050368

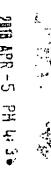
' (Re	questor's Name)					
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TO:	218		
SUBJ	IECT:	Blue Point Home Care Inc.	2918 APR -5
5020		Name of Corpor	ation
DOC	UMEN	NT NUMBER: P97000050368	ation E
The e	nclosed	d Statement of Change of Registered Office/Age	
Please	e returr	n all correspondence concerning this matter to the	e following:
		Luisa B. Perpinan	
		Name of Contact	Person
		Blue Point Home Care Inc.	
		Firm/Compar	у
		.21910 SW 97 Court	
		Address	
		Miami, Fl. 33190	
		City/State and Zip	Code
		aluisaperpinan@netzero.com	
		E-mail address: (to be used for future	annual report notification)
For fi	irther i	nformation concerning this matter, please call:	
lrn	na Mod	ore at	(305) 498-9064
		Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a	a \$35.00 check made payable to the Department	of State.
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
		Tallahassee FI 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of chan	ge is submitted f	or a corporation or	0502, 607.1508, or 617.1508, Flow ganized under the laws of the Stat	e of Florida		
in order	to change its reg	istered office or reg	istered agent, or both, in the State	e of Florida.		
1. The name of th	e corporation:	Blue Point Home	Care Inc			
2. The principal of	2. The principal office address: 21910 SW 97 Court, Miami, Fl. 33190					
3. The mailing ad	ldress (if differen	t):				
4. Date of incorpo	oration/qualificat	ion: <u>06/06/1997</u>	Document number: P9	7000050368		
		the current registere resigned, enter resi	ed agent and registered office on f gned)	ile with the		
_	Resigne	d - Angel Perpina	n			
	Resigned - Angel Perpinan 21910 SW 97 CT Miami, Fl. 33190					
_						
6. The name and (if changed):	street address of	the new registered a	gent (if changed) and /or register			
	Luisa	a Perpinan		₽		
-	21910 SW 97 Ct					
- -	Mia	P.O. Box 1 mi, Fl. 33190	NOT acceptable			
The street address as changed will be	ss of its registere be identical.	d office and the str	eet address of the business office	of its registered agent,		
			sted by its board of directors or by notified in writing of the change			
·			Luisa Perpinan			
ū	of an officer or direct		Printed or typed name			
l furthér agrée to performance of n	o comply with the nv duties, and I d	e provisions of all s im familiar with an	and agree to act in this capacity tatutes relative to the proper and d accept the obligation of my poseflect a change in the registered in writing of this change.	l complete sition as registered		
> Juan	Kupena	en	03/28/2018			
Signal If signing on beh	ature of Registered Agr alf of an entity:	ent	Date			
Luisa Perpi	-					
Туг	ed or Printed Name					

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