

P 98000038987

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : VICTOR LERRO & COMPANY, P.A.
Account Number : I20040000118
Phone : (561) 995-0064
Fax Number : (561) 995-7551

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**REGISTERED AGENT CHANGE
METRO CARE STORE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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PA Change

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7-1-13

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: METRO CARE STORE, INC.
Name of Corporation

DOCUMENT NUMBER: P98000038987

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:

Victor Lerro

Name of Contact Person

Lerro & Chandross PLLC

Firm/Company

50 SW 2nd Ave, Ste 201

Address

Boca Raton, FL 33432

City/State and Zip Code

vlerro@vcpa.com

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

For further information concerning this matter, please call:

victor Lerro

Name of Contact Person

at 561 995-0064

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

1. The name of the corporation: METRO CARE STORE, INC.
2. The principal office address: 1550 N FEDERAL HWY DELRAY BEACH, FL 33483
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/25/1998 Document number: P98000038987

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)

TILLEY, MICHAEL R
200 GLADES ROAD STE 208
BOCA RATON, FL 33431

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

ARLINE GLADSTONE
5733 B FOX HOLLOW DR
P.O. Box NOT acceptable
BOCA RATON, FL 33486

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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.

X Arline Gladstone
Signature of an officer or director

Arline Gladstone 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.

X Arline Gladstone
Signature of Registered Agent

6/27/2013

Date

If signing on behalf of an entity:

Typed or Printed Name