



## Change of Particulars for Director

Company Name: **1 CALL CARE**

Company Number: **11945874**



Received for filing in Electronic Format on the: **04/09/2021**

XACBZ1Q3

### Details Prior to Change

Original name: **MISS SHANNON ELIN O'SHANNON**

Date of Birth: **\*\*/04/1982**

### New Details

Date of Change: **04/09/2021**

New Name: **MISS SHANNON ELIN O'SULLIVAN**

The usual residential address of this person has not changed

## **Authorisation**

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor