

L11000091341

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
SENIOR XPRESS CARE, LLC

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T. HAMPTON

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SENIOR XPRESS CARE, LLC

2. (a) Principal office address of limited liability company: 5602 MARQUESAS CIRCLE (Note: MUST BE STREET ADDRESS)

SARASOTA FL 34233 US

(b) Mailing address of limited liability company: 5602 MARQUESAS CIRCLE (Note: MAY BE POST OFFICE BOX)

SARASOTA FL 34233 US

08/09/2011

L11000091341

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Registered Office Address: 12000 NORTH DALE MABRY HWY SUITE 110 TAMPA FL 33618 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: THE LAW OFFICES OF NICK SPRADLIN, PLLC

NEW Registered Office Address: 18952 NORTH DALE MABRY HWY SUITE 102 LUTZ, FL 33548 (MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN, ESQ. AUTHORIZED REPRESENTATIVE OF A MEMBER Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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