

41000130392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

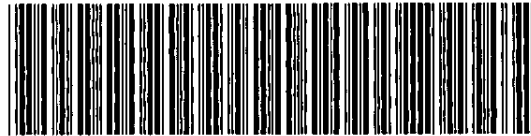
(Business Entity Name)

(Document Number)

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13 SEP 10 AM 10:00

SEP 11 2013
D. BUTLER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 794268 4352697
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : September 10, 2013
ORDER TIME : 9:36 AM
ORDER NO. : 794268-010
CUSTOMER NO: 4352697

FILED
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TALLAHASSEE, FLORIDA
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CHANGE OF AGENT

NAME: AMERICAN ELDERCARE OF NORTH
FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

SEP 11 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Eldercare of North Florida, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer G. Webb

Name of Person

Humana Inc.

Firm/Company

500 W. Main Street, Law Dept.

Address

Louisville, KY 40202

City/State and Zip Code

jwebb@humana.com

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

For further information concerning this matter, please call:

Jennifer G. Webb

Name of Person

at (502) 580-3777

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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: American Eldercare of North Florida, LLC

2. (a) Principal office address of limited liability company: 14565 Sims Road
Delray Beach, FL 33484
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 500 West Main Street, c/o Corporate Secretary
Louisville, KY 40202
(Note: MAY BE POST OFFICE BOX)

11/3/2011
3. Date of filing/registration in Florida

L11000130392
4. Document number

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

Registered Agent: Robert G. Schemel

Registered Office Address: 14565 Sims Road
Delray Beach, FL 33484

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

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301

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.

Joan O. Lenahan
Signature of a member or authorized representative of a member

Joan O. Lenahan, Vice President & Corporate Secretary
Printed or typed name of signee

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.

Sue G. Knight
Signature of Registered Agent
Sue G. Knight
Assistant Vice President

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 10 PM 3:12