

L13000151346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
2017 MAY 12 AM 8:26

RECEIVED
DEPARTMENT OF STATE
17 MAY 12 PM 3:09

MAY 15 2017
J. HARRIS

Holland & Knight

Requester's Name
315 South Calhoun Street, suite 600

Address
Tallahassee, FL 32301 (850)425-5686

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Southeast Homecare LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeast Homecare 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:

Donna M. Gale

Name of Person

Integrated Home Care Services, Inc.

Firm/Company

3700 Commerce Parkway

Address

Miramar, FL 33025

City/State and Zip Code

dgale@ihcscorp.com

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

For further information concerning this matter, please call:

Donna M. Gale at (844) 215-4264 Ext 7494
Name of Person 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

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Southeast Homecare LLC

2. (a) 7719 NW 48th Street (b) 3700 Commerce Parkway
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Suites 230, 330 & 340
Doral, FL 33166 Miramar, FL 33025

3. 10/25/2013 4. L13000151346
Date of filing/registration in Florida Document number

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

1201 Hays Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301-2525

(b) Donna M. Gale
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3700 Commerce Parkway
NEW Registered Office Address:
Miramar, FL 33025

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2017 MAY 12 AM 8:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 of the operating agreement of the limited liability company.

Donna M Gale
Signature of a member or authorized representative of a member

Donna M. Gale
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 605, 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.

Donna M Gale
Signature of Registered Agent