L150000085475

(Requestor's Name)								
(Address)								
(Address)								
(City	y/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to Filing Officer:								





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11/12/19--01012--011 **25.00



COVER LETTER

TO: Registration Section Division of Corporations							
APEX HOMECARE LLC SUBJECT:							
	ne of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning th	is matter to the following:						
Gary Ganzie							
Name of Person							
APEX HOMECARE LLC							
Firm/Company							
6601 Memorial Highway Ste 201							
Address							
Tampa, FL 33615							
City/State and Zip Code							
apexhomecare123@gmail.com							
E-mail address: (to be used for future ann	ual report notification)						
For further information concerning this matter.	please call:						
Gary Ganzie	813 600-5400						
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						

INHS18 (2/14)

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. Na	ame of the limited liability company: APEX HOME	CARE L	LLC				
2. (a)	6601 Memorial Highway Ste 201	(b	(b) PO BOX 260623				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,		-			bility company: FFICE BOX)
	Tampa, FL 33615		Tampa,	FL 33685	5		
	05/14/2015	_ 	 L1500008	85475			
3.	Date of filing/registration in Florida	4.		Document	t numb	er	
5. (a)	Gary Ganzie						
, ,	Registered Agent and Registered Office shown on the records of 1910 W MARTIN LUTHER KING JR BLVD			- e: -			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	Į.				
	Tampa, FI	33607		-			
(b)	Gary Ganzie			_ ; _ ;	至至	2019	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	iress:	ָ :		≅	"T]
	6601 Memorial Highway			F 11 NOV 12 AHASSE			
	NEW Registered Office Address:						
	Ste 201				50		
	Tampa, FI	_33615		-	FLORIDA	85 :	
the cha agent v was/we the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and ag	f the regis iability co of the limited li	tered office mpany, it is ited liability iability con George	e and the bis hereby coy company npany. Capzie Printed or to precipe A for	usines onfirm or as yped na	s office ed that otherw	e of the registered the change(s) rise provided in
	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I differentially of this change. The of Registered Agent	z perjorma ed for in C hereby co	ince of my Chapter 602 Onfirm that	uaues, and 5, F.S. Or, the limited	if this I liabil	jumilia docum ity com	r wiin and accept ient is being filed ipany has been