

L14000128370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

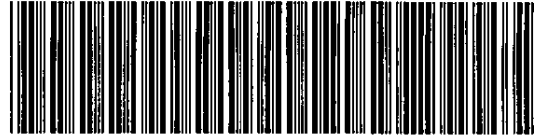
(Business Entity Name)

(Document Number)

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CLERK OF STATE
DIVISION OF CORPORATIONS

SEP 29 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: You Always Have Us HomeCare
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:

Kristian Zacarias
Name of Person

You Always Have Us HomeCare
Firm/Company

54 Foch Avenue
Address

Staten Island, New York 10305
City/State and Zip Code

You AlwaysHaveUs@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristian Zacarias at (646) 423-4602
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: You Always Have Us Homecare LLC

2. (a) 301 W Atlantic Avenue Suite 08 office 12 (b) 54 Foch Avenue

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Delray Beach, Florida 33444

STATEN ISLAND, New York 10305

3. 7/6/2016
Date of filing/registration in Florida

4. L16000128370
Document number

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

1825 NW Corporate Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, Florida 33431, FL

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STATE DEPT OF STATE
DIVISION OF CORPORATIONS
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(b) ZACARIAS, KRISTIAN
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

301 W. ATLANTIC AVENUE SUITE 0-8
NEW Registered Office Address:

OFFICE 12
Delray Beach, FL 33444

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

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.

Signature of Registered Agent