

121000266565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

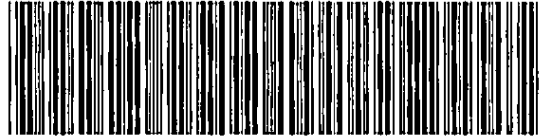
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 10 2022

113

Office Use Only



700377936127

13.13.21--01023 -037 **25.00

FILED
2022 JAN 13 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 13 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FL

December 29, 2021

SHARMALEE JOHNSON
13210 NW 13TH ST
CAROL LONGBRIDGE, FL 33323 US

SUBJECT: FIRST ALERT HOME HEALTH CARE, LLC
Ref. Number: L21000266565

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 621A00031419

*Kindly put a rush.
Much appreciated.*

A handwritten signature in black ink, appearing to be "Jasmine N Horne", with a large, dark scribble underneath it.

RECEIVED



2022 JAN 12 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2021

SHARMALEE JOHNSON
13210 NW 13TH ST
CAROL LONGBRIDGE, FL 33323 US

SUBJECT: FIRST ALERT HOME HEALTH CARE, LLC
Ref. Number: L21000266565

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 621A00031419

*Kindly put a check.
Much appreciated.*

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: FIRST ALERT HOME HEALTH CARE LLC

2. (a) 350 Camino Gardens Blvd, Suite 302, Boca Raton FL 33432
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 13210 NW 13th street , Sunrise FL 33323
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. June 8 2021 Date of filing/registration in Florida

4. L21000266565 Document number

5. (a) Sharmalee Johnson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13210 NW 13th St
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Sunrise, FL 33323

(b) Carol Longbridge
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
350 Camino Gardens Blvd
NEW Registered Office Address:
Boca Raton, FL 33432

FILED
2022 JAN 13 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FL

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] Signature of a member or authorized representative of a member

CAROL LONGBRIDGE 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]
Signature of Registered Agent