M04000004879

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CARETENDERS VISITING SERVICES OF ORLANDO LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

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Pursuant to the provisions of sections 605.0114, 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: CARET	ENDERS VISITING SERVICES OF ORLANDO, LLC
2. (a) Principal office address of limited liability control (Note: MUST BE STREET ADDRESS)	ompany: 9510 ORMSBY STATION ROAD, Suite 300
(1700), INDUX DISBINIDA TIBBINIDA)	Louisville, KY 40223
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	9510 ORMSBY STATION ROAD, Suite 300
(NOW. WHAT BE X OFF OF THE BOX)	Louisville, KY 40223
November 9, 2004	M04000004879
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	4. Document number own on the records of the Florida Dept. of State: CT Corporation System
Registered Agent:	CT Corporation System 2
Registered Office Address:	1200 South Pine Island Road
	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> :	/or NEW Registered Office address: National Corporate Research, Ltdr, Inc.
NEW Registered Office Address:	155 Office Plaza Drive
MUST BE FLORIDA STREET ADDRES	
WASA DE LAGRANTA DIAMETA TREPARA	Tailahassee ,FL 32301
ne operating agreement of the limited hability com	e, the Florida street address of the registered office of identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
signature of a member of authorized representative of a member	970MA
Patrick Todd Lyles, Senior Vice President	
Printed or typed name of signee	
Agun Horan	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.
Signature of Registered Agent Sean Honan, Assistant S	ecreta <i>r</i> y
Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (12/13)