

PO 30000 69269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

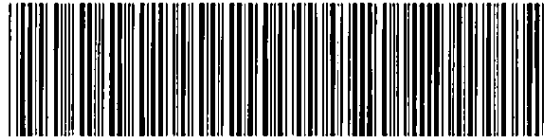
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500414058175

09/18/23--01009--005 **35.00

STATE OF FLORIDA
TALLAHASSEE, FL

2023 AUG 18 AM 11:55

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Access Hometherapy, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000069269

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rafael Medina
Name of Contact Person
Access Hometherapy, Inc.
Firm/Company
11256 Sparkleberry Drive
Address
Fort Myers, FL 33913
City/State and Zip Code
r91em@hotmail.com

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

For further information concerning this matter, please call:

Rafael Medina at (786) 325-8800
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 AUG 18 AM 11:55

FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Access Hometherapy, Inc.

2. The principal office address: 11256 Sparkleberry Drive
Fort Myers, Fl. 33913

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/23/03 Document number: P03000069269

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Rafael Medina
920 East 30th Street
Hialeah, Fl. 33013

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc
7901 4th St N STE 300
St. Petersburg FL 33702

P.O. Box NOT acceptable

FILED
2023 AUG 18 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Rafael Medina, President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

8/14/2023
Date

If signing on behalf of an entity:

David Roberts
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)