

P05000122388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

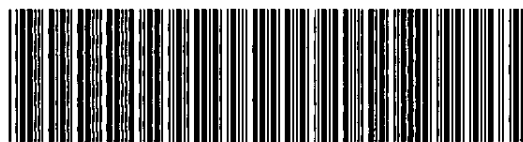
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA
8/10/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ready Care Home Health, INC
Name of Corporation

DOCUMENT NUMBER: P05000122388

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:

Elizabeth Hernandez
Name of Contact Person

Ready Care Home Health, INC
Firm/Company

2700 SW 3 Ave, Suite 2E
Address

Miami FL 33129
City/State and Zip Code

readytocare@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Hernandez at (305) 469 5957
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Ready Care Home Health, INC
2. The principal office address: 2700 SW 3 Avenue, Suite 2E
Miami FL 33129
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 9/1/2005 Document number: P05000122388

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)

Elizabeth Hernandez
7416-A SW 48th St
Miami FL 33155

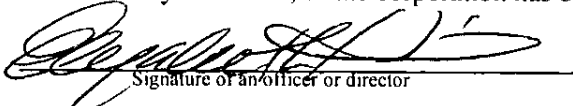
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Elizabeth Hernandez
2700 SW 3 Avenue, Suite 2E
Miami FL 33129

P.O. Box NOT acceptable

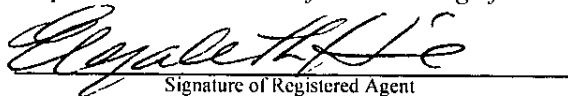
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Elizabeth Hernandez, 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

8/4/11
Date

If signing on behalf of an entity:

Elizabeth Hernandez
Typed or Printed Name

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