## P05000 122388

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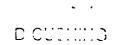


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RA Change (Office)



## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: READY CARE HOME HEALTH, INC.		
DOCUMENT NUMBER: <u>PO5000 122388</u>		
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:		
Name of Contact Person  JCS Mt DCARE LLC  Firm/Company  18/00 W Dixie HWY Suite 205 and 206  Address  Aventury / FC 33/60  City/State and Zip Code  Markbenza aven 91 DGMail.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	. 5	
For further information concerning this matter, please call:  Name of Contact Person  1 305 965 2666 3 4 Area Code & Daytime Telephone Number	 15.	
Name of Contact Person Area Code & Daytime Telephone Number	가다. 건요:	
Enclosed is a \$35.00 check made payable to the Department of State.		
	22. 50	
Mailing Address: Street Address:	T.	
Amendment Section Amendment Section		
	Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## 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: 18100 W Dixie HWY SUITE 205 9/18 20  AVENTURA, FL 33/60
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/01/2005 Document number: P05000 122 3
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)
JCS MEDCARE LLC
735 NE 125 STREE!
NORTH MIAMI, FC 33/6/
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
18100 W DIXIE HWY SUITE. ZOS 9Nd ZO P.O. Box NOT acceptable AVENTURY, FC 33160
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  NGN Ben 499400  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.
<u>19/16/2020</u>
Signature of Registered Agent Date
If signing on behalf of an entity:
JUS MEDIARE LIC
Typed or Printed Name

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