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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: READY CARE HOME HEALTH, INC.  
Name of Corporation

DOCUMENT NUMBER: PD5000122388

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:

Mark Benzaguen  
Name of Contact Person

JCS MEDCARE LLC  
Firm/Company

18100 W Dixie Hwy Suite 205 and 206  
Address

Aventura / FL 33160  
City/State and Zip Code

markbenzaguen91@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Benzaguen at (305) 965 2666  
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

FILED  
DEPT. OF STATE  
TALLAHASSEE, FL  
JAN 11 2006

**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 and 206  
Aventura, FL 33160
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/01/2005 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)

JCS MEDCARE LLC  
735 NE 125 STREET  
NORTH MIAMI, FL 33161

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

18100 W Dixie Hwy Suite 205 and 206  
P.O. Box NOT acceptable  
Aventura, FL 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]  
Signature of an officer or director

MARIA BENZGHER  
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]  
Signature of Registered Agent

4/16/2020  
Date

If signing on behalf of an entity:

JCS MEDCARE LLC  
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)