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TO: Amendment Section
Division of Corporations

SUBJECT: On the Way Home Care, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000124193

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:

Brent D. Klein, Esq.

Name of Contact Person

Firm/Company

3850 Bird Road, Suite 602

Address

Miami, FL 33146

City/State and Zip Code

brent.klein@gmlaw.com

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

For further information concerning this matter, please call:

Brent D. Klein, Esq.

Name of Contact Person

at (305) 789-2772

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

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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.

- Hialeah, FL 33016

- Miami, FL 33146**

CR2E045 (03/12)

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