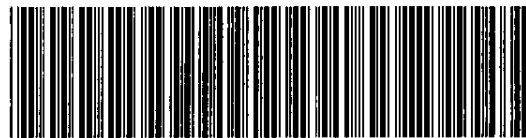


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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R.A. Chong
C.COULLETTE
DEC 07 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FUCHS HOME CARE SERVICES, INC
Name of Corporation

DOCUMENT NUMBER: P07000049415

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:

JAY FUCHS
Name of Contact Person

FUCHS HOME CARE SERVICES, INC
Firm/Company

799 CRANDON BLVD #201
Address

KEY BISCAWAYNE, FL. 33149
City/State and Zip Code

JFUCHS@FHCS CORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY FUCHS at (305) 361.7375
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: FUCHS HOME CARE SERVICES, INC
- 2. The principal office address: 799 CRANDON BLVD #201
KEY BISCAIYNE, FL 33149
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 4/23/07 Document number: P 07000049415

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)

JAY R FUCHS
9999 NE 2nd AVE # 314
MIAMI SHORES FL, 33138 US

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

JAY R FUCHS
799 CRANDON BLVD #201
P.O. Box NOT acceptable
KEY BISCAIYNE, FL. 33149

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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.

J Fuchs
Signature of an officer or director

JAY FUCHS, 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.

J Fuchs
Signature of Registered Agent

12/1/10
Date

If signing on behalf of an entity:

JAY R. FUCHS
Typed or Printed Name

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