

P11000040929

(Requestor's Name)

(Address)

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TO: Amendment Section  
Division of Corporations

SUBJECT: Care Hope Home Health Agency, Inc.  
Name of Corporation

DOCUMENT NUMBER: P11000040929

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

Greenspoon Marder , P.A.

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. at ( 305 ) 789-2772

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: Care Hope Home Health Agency, Inc.
2. The principal office address: 23123 State Road 7, Suite 360  
Boca Raton, Florida 33428
3. The mailing address (if different): 3010 Corporate Way  
Miramar, FL 33025
4. Date of incorporation/qualification: April 25, 2011 Document number: P11000040929
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)

One Home Health Holdings, LLC

3850 Bird Road, Suite 602

Miami, FL 33146

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

Brent D. Klein

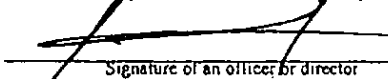
3850 Bird Road, Suite 602

P.O. Box NOT acceptable

Miami, FL 33146

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

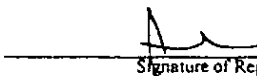
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Ramon Falero, 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

November 22, 2017  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)