

LOG 000 100 328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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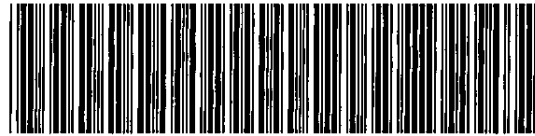
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**ROBERTO R. RUELO\***

ATTORNEY AT LAW  
16409 ASHWOOD DRIVE  
TAMPA, FLORIDA 33624-1152

813/963-7648  
FAX 813/963-7840

\*ALSO ADMITTED IN ILLINOIS

March 14, 2007

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: CHARLIE'S HOME CARE, LLC  
Document No. L06000100328

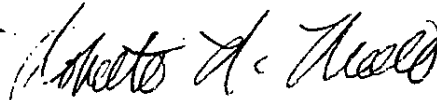
Dear Sir/Madam:

On behalf of the above-named Florida limited liability company, I enclose the following:

1. A duly completed Form CR2E079 (Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company).
2. A duly completed Resignation of Registered Agent for a Limited Liability Company.
3. A duly completed INHS18 (Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company).
4. A duly completed Articles of Amendment to Articles of Organization.
5. A check for \$160.00 made payable to the Florida Department of State as filing fees for the above documents.

Should you have any questions, please let me know. Thank you.

Sincerely,



Roberto R. Ruelo

Enclosures

**BY U.S. POSTAL SERVICE EXPRESS MAIL**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: CHARLIE'S HOME CARE, LLC

2. The mailing address of the limited liability company is: 1927 SAGINAW COURT  
OLDSMAR, FL 34677

OCTOBER 10, 2006

3. Date of filing/registration in Florida

1060000100328

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

EVELYN D. DE LA CRUZ

Name

1670 ALGONQUIN DRIVE

Address

CLEARWATER, FL 33755

City, State and Zip

6. The name and address of the new registered agent and/or office:

ELSIE N. NELSON

Name

1927 SAGINAW COURT

Florida street address (P.O. Box **NOT** acceptable)

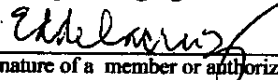
OLDSMAR

FL

34677

City, State and Zip

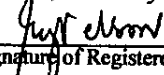
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

EVELYN D. DE LA CRUZ

(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

ELSIE N. NELSON

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

FILED  
07 MAR 21 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA