

F100000002722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

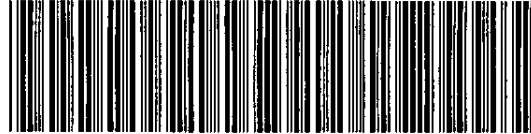
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Re Change

FILED
2015 AUG 19 PM 3:46
TALLAHASSEE, FLORIDA

AUG 20 2015
A RAMSEY



910 Foulk Road, Suite 201, Wilmington DE 19803
Phone: 302-652-4800 • Fax: 302-652-6760
www.corpco.com • info@corpco.com

August 18, 2015

VIA FEDEX

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: The Compassionate Care Hospice Foundation, Inc. - F10000002722

Dear Sir or Madam:

Please find enclosed the following for the above referenced entity:

- Statement of Change of Registered Office/Agent
- Check in the amount of \$35.00 to cover the filing fees

Please file the Statement of Change at your earliest convenience and return any evidence of filing to our office via regular mail.

If you have any questions or concerns, please do not hesitate to contact me. Thank you and have a good day

Sincerely,


Gabriela Fajardo

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Compassionate Care Hospice Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: F10000002722

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:

Betty Harper

Name of Contact Person

CorpCo

Firm/Company

910 Foulk Rd., Suite 201

Address

Wilmington, DE 19803

City/State and Zip Code

info@corpco.com

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

For further information concerning this matter, please call:

Betty Harper

Name of Contact Person

at 302 652-4800

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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE COMPASSIONATE CARE HOSPICE FOUNDATION, INC.
2. The principal office address: 248 EAST CHESTNUT HILL ROAD, SUITE 4 NEWARK, DE 19713
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/11/2010 Document number: F10000002722

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)

ROZIE ZAPPO

2393 E.F. GRIFFIN RD.

BARTOW, FL 33830

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

Ard, Shirley & Rudolph, P.A.

207 West Park Ave. Suite B

P.O. Box NOT acceptable

Tallahassee, FL, 32301

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

Judith Grey, 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

August 18, 2015

Date

If signing on behalf of an entity:

Ard, Shirley & Rudolph, P.A.

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