

PO 30000 69269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500414058175

09/18/23--01009--005 **35.00

FILED

2023 AUG 18 AM 11:55

CLERK OF COURT
TALLAHASSEE, FL

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Access Hometherapy, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000069269

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:

Rafael Medina

Name of Contact Person

Access Hometherapy, Inc.

Firm/Company

11256 Sparkleberry Drive

Address

Fort Myers, FL 33913

City/State and Zip Code

r91em@hotmail.com

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

For further information concerning this matter, please call:

Rafael Medina

at (786)

325-8800

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 AUG 18 AM 11:55

FILED

**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: Access Hometherapy, Inc.
2. The principal office address: 11256 Sparkleberry Drive
Fort Myers, FL 33913
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/23/03 Document number: P03000069269
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)

Rafael Medina

920 East 30th Street

Hialeah, FL 33013

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

Registered Agents Inc

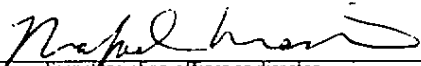
7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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

Rafael Medina, 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

8/14/2023

Date

If signing on behalf of an entity:

David Roberts

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 (04/13)

FILED
2023 AUG 18 AM 11:55
CLERK OF STATE
TALLAHASSEE, FL