## 401614

| (Requestor's Name)                      |                   |           |  |  |  |  |
|---|-------------------|-----------|--|--|--|--|
|   |                   |           |  |  |  |  |
| (Address)                               |                   |           |  |  |  |  |
| ,                                       |                   |           |  |  |  |  |
| (A d                                    | dress)            |           |  |  |  |  |
| (Au                                     | u1655)            |           |  |  |  |  |
|   |                   |           |  |  |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)      |  |  |  |  |
| <b>—</b>                                |                   | —         |  |  |  |  |
| PICK-UP                                 | WAIT              | MAIL      |  |  |  |  |
|   |                   |           |  |  |  |  |
| (Bu:                                    | siness Entity Nan | ne)       |  |  |  |  |
| `                                       | ,                 | ,         |  |  |  |  |
|   |                   |           |  |  |  |  |
| (00                                     | cument Number)    |           |  |  |  |  |
|   |                   |           |  |  |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |  |  |
|   |                   |           |  |  |  |  |
| Special Instructions to                 | Filing Officer    |           |  |  |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |  |  |
|   |                   |           |  |  |  |  |
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|   |                   |           |  |  |  |  |

Office Use Only



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MAR 8 2017

C. MUSTAIN



| ON SERVICE COMPANY     | •                                |     |             |         |  |  |
|------------------------|----------------------------------|-----|-------------|---------|--|--|
|                        | ACCOUNT NO.                      | :   | 120000001   | 95      |  |  |
|                        | REFERENCE                        | :   | 120114      | 7864759 |  |  |
| А                      | UTHORIZATION                     | الذ | Nac.        |         |  |  |
|                        | COST LIMIT                       | 7   | \$ 35.00    | ·       |  |  |
| ORDER DATE : Mar       | ch 6, 2012                       |     |             |         |  |  |
| ORDER TIME : 11:       | 03 AM                            |     |             |         |  |  |
| ORDER NO. : 120        | 114-202                          |     |             |         |  |  |
| CUSTOMER NO:           | 7864759                          |     |             |         |  |  |
| CHANGE OF AGENT        |                                  |     |             |         |  |  |
|                        | VISITING HOMEN<br>BROWARD COUNTY |     |             | OF      |  |  |
| PLEASE RETURN THE      |                                  | PRO | OOF OF FILI | ÑG:     |  |  |
| CERTIFIED XX PLAIN STA |                                  |     |             |         |  |  |
| CONTACT PERSON:        | Stephanie Miln                   | ıes | EXT# 292    | 20      |  |  |

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change<br>in order to   | is submitted for a corporation org<br>change its registered office or regi                                      | 502, 607.1508, or 617.1508, Florida<br>anized under the laws of the State of _<br>stered agent, or both, in the State of I   | Florida<br>Florida.  |  |
|--|---|--|--|--|
| 1. The name of the c   | orporation: VISITING HOME   | MAKER SERVICE OF BROWA   | RD COUNTY, INC.  |  |
| 2. The principal office 3570 Keith S   | ce address:   | 37312  |  |  |
| 3. The mailing addre   | ess (if different):   |  |  |  |
| 4. Date of incorpora   | tion/qualification: 05/22/1972  | Document number: _40161  | 4  |  |
| 5. The name and stre<br>Florida Departme   | •   | agent and registered office on file wi   | ith the  |  |
| C  | T Corporation System  |  |  |  |
| 12   | 1200 South Pine Island Road   |  |  |  |
| <u>P1</u>  | antation, FL 33324  |  | F = -8   |  |
| 6. The name and stre<br>(if changed):  | eet address of the new registered ag  | gent (if changed) and /or registered of  |  |  |
| Co   | orporation Service Compa  | ny   | 2 2  |  |
| 12   | 01 Hays Street  |  | <del>.</del>   |  |
| T  | (P.O. Box NOT acceptal  | ole)   |  |  |
|  | illahassee, FL 32301  |  | <del></del>  |  |
| The street address of as changed will be in  | f its registered office and the stre dentical.  | et address of the business office of i   | ts registered agent,   |  |
| Such change was au<br>authorized by the bo   | athorized by resolution duly adop<br>pard, or the corporation has been  | ted by its board of directors or by ar<br>notified in writing of the change.   | officer so   |  |
| Kaule (Signature of  | an officer or director)   | Maureen Cathell, Vice P  |  |  |
| I further agree to co<br>of my duties, and I d<br>document is being f<br>corporation has bee | im familiar with and accept the o<br>iled merely to reflect a change in<br>in notified in writing of this chang | and agree to act in this capacity.<br>atutes relative to the proper and con<br>bligation of my position as registere<br>the registered office address, I here<br>ge. | nplete performance<br>ed agent. Or, if this<br>by confirm that the |  |
| Corporation  | Service Company   | February 28, 2012  |  |  |
| Signatur   | e of Registered Agent)  | (Date)   |  |  |
| If signing on behalf   | of an entity:   |  |  |  |
| Sylvia Queppet   | or Printed Name)  |  |  |  |
|  |   |  |  |  |

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