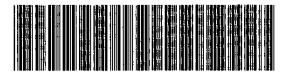
728509

	•
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-I	UP WAIT MAIL
•	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
·	
Special Instructio	ns to Filing Officer:
	·
	}
	1

Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	United Home Care	e Services, Inc.	
SUBJECT.	Name of C	Corporation	
DOCUMENT NUM	IBER:	728509	_
-The enclosed Statem	ent of Change of Registered Offic	ce/Agent and fee are submitted for	or filing.
Please return all corr	espondence concerning this matte	er to the following:	
		•	
	. Maria C	C. Suarez	· · · · · ·
_	Name of Co	ontact Person	
		•	
_		are Services, Inc.	
	Firm/C	ompany	
· -		Street, Suite 400 dress	<u></u>
•	Au	uress	
	A 44	TI 00400	
-	Miami, i City/State a	FL 33122 and Zip Code	_
	# y		
***************************************	msuarez@unite	dhomecare.com	
	E-mail address: (to be used for	future annual report notification	on)
For further informati	on concerning this matter, please	call:	
	Iorio C. Suoroz	205 -	74 Č 004 E
Name	laria C. Suarez e of Contact Person	Area Code & Daytime To	elephone Number
,		•	•
Enclosed is a \$35.00	check made payable to the Depart	rtment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations		
	P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of Flo to change its registered office or registered agent, or both, in the State of Flor	orida	
	ne corporation: United Home Care Services, Inc.		
2. The principal of	office address: 8400 NW 33 Street, Suite 400		
Miami, FL			
3. The mailing ac	ldress (if different):		
4. Date of incorp	oration/qualification: 12/31/1973 Document number:	728509	
	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	the	
	Jose R. Fox	A SEC	
	5255 NW 87th Avenue, Suite 400		
	Miami, FL 33178	FILE SSEE	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	M D 2	
	Jose R. Fox	5	
	8400 NW 33 Street, Suite 400	N. Company	
	P.O. Box NOT acceptable Miami, FL 33122	· N	
•	es of its registered office and the street address of the business office of its rebe identical.	registered agent,	
-	s authorized by resolution duly adopted by its board of directors or by an or e board, or the corporation has been notified in writing of the change.		
Signature	Director of Kish Printegor typed name and title	Groge ment	,
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and completed for a complete in the proper and completed for a complete in the configuration of my position as registered for a change in the registered office address, I hereby been notified in writing of this change.	lete performance agent. Or, if this confirm that the	
-	Atoms of Registered Agent Date		
If signing on bel	nalf of an entity:		

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

Typed or Printed Name