FUT UDDOOD 1371

(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



300338140853

01/82/20--01013--008 **35.00

2020 JAN - 2 PM 6: 38

C. GOLDEN

JAN 3 0 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: December 27, 2019

Order#: 111744-383

Re: SOUTHERN HOME CARE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX _ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	nnge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of DE or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: SOUTHERN HO	OME CARE SERVICES, INC.	
	office address:tington Parkway Suite 400 LOUI	SVILLE, KY 40222	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/12/200	Document number: F07000001371	
5. The name and		istered agent and registered office on file with the	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		
	PLANTATION, FL 33324	-2	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company			
	1201 Hays Street		
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and th be identical.	e street address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	e E. agni	Jill Cilmi, Vice president	
I herely accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar wi	Printed or typed name and title ingent and agree to act in this capacity. If all statutes relative to the proper and complete th and accept the obligation of my position as registered by to reflect a change in the registered office address, I otified in writing of this change. 12/27/2019	
<u></u>	mature of Registered Agent	Date	
If signing on be	chalf of an entity;		
Grace E. Kirby,	, Asst. Vice President		
Typed or Printed Name			