

F08000002021

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
VOYAGER HOSPICECARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
2010 SEP 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2010 SEP 14 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VOYAGER HOSPICECARE, INC.
Name of Corporation

DOCUMENT NUMBER: F08000002021

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:

Benjamin M. Hanson

Name of Contact Person

Harden Healthcare Services, LLC

Firm/Company

1703 West Fifth Street, Suite 800

Address

Austin, TX 78703

City/State and Zip Code

bhanson@hardenhealthcare.com

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

For further information concerning this matter, please call:

Benjamin M. Hanson

Name of Contact Person

at (

512

)

344-4235

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

CR2E045 (8/05)

**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: VOYAGER HOSPICECARE, INC.
2. The principal office address: 6500 WEST FREEDWAY SUITE 900, FORT WORTH TX 76116
3. The mailing address (if different): 1703 West Fifth Street, Suite 800, Austin, TX 78703
4. Date of incorporation/qualification: 05/06/2008 Document number: F08000002021
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)

ROBERT A. WEISS, ESQ.

118 N GADSDEN ST SUITE 200

TALLAHASSEE FL 32301

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

C T Corporation System


c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Benjamin Hanson, Secretary
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.

By: C T Corporation System

Signature of Registered Agent Assistant Secretary
Rebecca Barth

9/14/10
Date

If signing on behalf of an entity:

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 (8/05)

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