

F0900000/271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

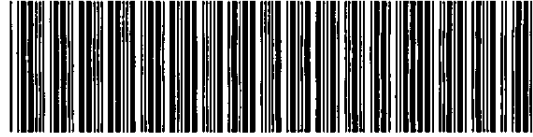
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
DEC 9 2013
EXAMINER

COVER LETTER:

TO: Amendment Section
Division of Corporations

SUBJECT: Nightingale Home Healthcare of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Ingrid Rodriguez

Name of Contact Person

Nightingale Home Healthcare, Inc.

Firm/Company

1036 S. Rangeline Road

Address

Carmel, IN 46032

City/State and Zip Code

irodriguez@homecareforyou.com

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

For further information concerning this matter, please call:

Ingrid Rodriguez

Name of Contact Person

at (317) 334-7777

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

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 Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Nightingale Home Healthcare of Florida, Inc.

2. The principal office address: 1036 S. Rangeline Road, Carmel, IN 46032

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/6/2009 Document number: F09000001271

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)

David Pratt

9570 Regency Square Blvd.

Jacksonville, FL 32225

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

David Pratt

550 John Knox Village Blvd., Suite 200

P.O. Box NOT acceptable

Pompano Beach, FL 33060

SECRETARY OF STATE
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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.

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Signature of an officer or director

DR. DEV BRAR, 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.

David R
Signature of Registered Agent

11-21-2013
Date

If signing on behalf of an entity:

David Pratt
Typed or Printed Name

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