

F110000001387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

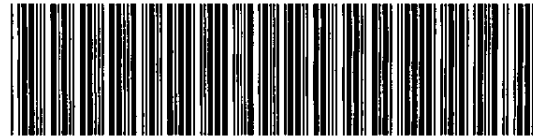
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Maxxon Home Health Care Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F1100000387

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:

Maureen P. Brady

Name of Contact Person

Maxxon Home Health Care, Inc.

Firm/Company

2646 SW Mapp Road - Suite 303

Address

Palm City, FL 34990

City/State and Zip Code

mrady@callmaxxon.com

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

For further information concerning this matter, please call:

Maureen P. Brady

Name of Contact Person

at ( 866 ) 622-7720 x306

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

1. The name of the corporation: Maxxon Home Health Care, Inc.
2. The principal office address: 2646 SW Mapp Road - Suite 303  
Palm City, FL 34990
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: 3/29/11 Document number: F11000001387
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)

Warren Trowbridge K

3537 Corporate Parkway

Palm City, FL 34990

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

Warren Trowbridge K

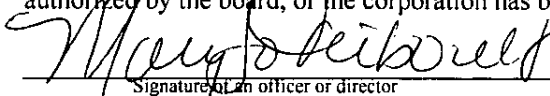
2646 SW Mapp Road - Suite 303

P.O. Box NOT acceptable

Palm City, FL 34990

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

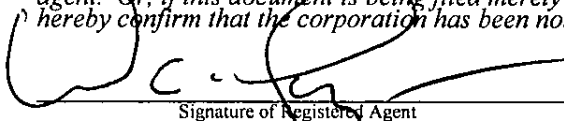
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

MaryJo Thiboult

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

10/31/12

Date

If signing on behalf of an entity:

Warren K. Trowbridge

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 (03/12)