F11000001387

(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: F11000001387

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:

WARREN K. TROWBRIDGE
Name of Contact Person

MAXXON HOME HEALTH CARE, INC.
Firm/Company

2646 SW MAPP RD, SUITE 206
Address

PALM CITY, FL 34990
City/State and Zip Code

ktbridge@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY JO F. THIBOULT at (772) 834-9496
Name of Contact Person — 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 Florida *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 RD, SUITE 206
PALM CITY, FL 34990

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 03/29/11 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 K. TROWBRIDGE
2646 SW MAPP RD, SUITE 303
PALM CITY, FL 34990

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

WARREN K. TROWBRIDGE
2646 SW MAPP RD, SUITE 206
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.

Mary Jo Thiboult
Signature of an officer or director

MARY JO F. 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

WARREN K. TROWBRIDGE
Date

If signing on behalf of an entity:

MAXXON HOME HEALTH CARE, INC.
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)