

F13000000587

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Special Care Medical of South Carolina, Inc.
Name of Corporation

DOCUMENT NUMBER: F13000000587

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:

Nick McLendon
Name of Contact Person

Special Care Medical of SC, Inc.
Firm/Company

5010 US 41 N. STE A+B
Address

Palmetto, FL 34221
City/State and Zip Code

nmcclendon@scm-sc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nick McLendon at (803) 926-0161
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Special Care Medical of South Carolina, Inc.

2. The principal office address: 5010 US 41 N STE A+B Palmetto, FL 34221

3. The mailing address (if different): 3465 Legghort Rd west Columbia, SC 29169

4. Date of incorporation/qualification: 8/2013 Document number: F13000000587

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)

Special Care Medical of South Carolina, Inc.

5010 US 41 N STE A+B

Palmetto, FL 34221

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

Nick D. McLendon

4421 Annette St unit 8

P.O. Box NOT acceptable

West Palm Beach, FL 33409

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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.

Nick D. McLendon

Signature of an officer or director

Nick D. McLendon Director

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.

Nick D. McLendon

Signature of Registered Agent

10/3/16

Date

If signing on behalf of an entity:

Nick D. McLendon

Typed or Printed Name

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