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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA0000000823 Phone : (614)280-3338 Fax Number : (614)280-3338 **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 CARETENDERS VISITING SERVICES EMPLOYMENT COMPANY, 5 IN

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Help

J DENNIG

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nnge is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida Statute ranized under the laws of the State of <mark>KY</mark> istered agent, or both, in the State of Florida	
1. The name of t	the comoration: CARETENDERS VISI	TING SERVICES EMPLOYMENT COMPA	NY, INC.
	office address: No change		
3. The mailing a	address (if different): No change		
4. Date of incorp	poration/qualification: 04/06/2001	Document number: F14000004462	
	d street address of the current registered threat of State: (If resigned, enter resigned)	d agent and registered office on file with the med)	
	COGENCY GLOBAL INC.		23
	115 NORTH CALHOUN ST. SUITE 4		SECRETARY
	TALLAHASSEE, FL 32301	·	× 1
6. The name and (if changed):		gent (if changed) and /or registered office	2023 NOV 16 AM 8: 42 SECRETARY OF STATE
	C T Corporation System		42
	1200 South Pine Island Road		
	P.O. Plantation, Florida 33324	Box NOT acceptable	
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its regi-	stered agent,
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an office notified in writing of the change.	er so
Ict Kara Karnes	n	Kara Korosec, Secretary	
I hereby accept I further agree t of my duties, an document is bei	с очен попуша ін жепінд ој ініх спину	Printed or typed name and title and agree to act in this capacity. attites relative to the proper and complete bligation of my position as registered ager the registered office address. I hereby conge.	performance nt. Or if this firm that the
/s/ Michele Hold		10/31/2023	
	nature of Registered Agent	Date	<u> </u>
If signing on be	half of an entity:		
Michele Holden,	Asst Sect		
T	yped or Printed Name		
	+ + + 1217 18162	CEN. #25.00 + + +	

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: