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To whom it may concern:

Please file the enclosed change of agent documents. Please return the stamped received copies to the address provided below:

NSI 145 Baker Street Marion, OH 43301 Attn: Travis Pinkstaff

Should you have any questions please fee free to contact me directly at 800 235 0337 ext. 113. Thank you for your time.

Best Regards,

Travis Pinkstaff
National Service Information

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 Kentucky	f 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.	in order to change its registered office or registered agent, or both, in the state	
1. The name of	the corporation: CARETENDERS OF SOUTHWEST FLORIDA, INC.	
2. The principal FT. MYERS	office address: 15550 MCGREGOR BLVD. FL 33908	
	address (if different): 9510 ORMSBY STATION RD SUITE 300 E KY 40223	
4. Date of incorp	poration/qualification: 10/23/1997 Document number: F97000005589	
	I street address of the current registered agent and registered office on file with the timent of State:	
	C T CORPORATION SYSTEM	П
,	1200 SOUTH PINE ISLAND ROAD	Allen Reign
	PLANTATION FL 33324	7
6. The name an changed):	ad street address of the new registered agent (if changed) and /or registered if	7
_	NRAI Services, Inc.	
-	526 E. Park Avenue (P.O. Box or personal mailbox NOT acceptable)	
	Tallahassee, FL 32301	
The street addre agent, as change	ess of its registered office and the street address of the business office of its registered will be identical.	
(Signature of an oldicer,	as authorized by resolution duly adopted by its board of directors or by an officer so the board, of the corporation has been notified in writing of the change. Todd Utes Sp. Vice Press West West and title of typed name and title.	ert
i turther agree t	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as t. Or, if this document is being filed merely to reflect a change in the registered thereby confirm that the corporation has been notified in writing of this change.	
•	gnature of Registered Agency (Date)	
	ASSITANT Secretary	
NRAI Services, I	yped or Printed Name) (Capacity)	