

(Re	equestor's Name)	
(Ad	Idress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: November 7, 2018

Order#: 464752/025

Re: TRADITIONAL HOME CARE, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there-are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	ange is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Florida oration organized under the laws of the State of flice or registered agent, or both, in the State of	f FLORIDA	
1. The name of	the corporation: TRADITION	NAL HOME CARE, INC.		
•	l office address:OE LANE LEXINGTON SC	29072		
	address (if different):FICE BOX 2431, LEXINGT	ON SC 29071-2431		
4. Date of incor	poration/qualification: 02/2	9/1984 Document number: G8694		
5. The name and		nt registered agent and registered office on file v		
	NRAI SERVICES, INC		_	
	1200 SOUTH PINE ISLAN	ID ROAD		
	PLANTATION	FL 33324		
6. The name and (if changed):		egistered agent (if changed) and /or registered o	FILED RIOV 11. PH 12: 50	••
	Corporation Service Comp	oany		
	1201 Hays Street	P.O. Box NOT acceptable	1.2:	
	Tallahassee	P.O. Box. NOT acceptable FL 32301		
The street address changed will	ess of its registered office a be identical.	nd the street address of the business office of i	its registered agent,	
		duly adopted by its board of directors or by an has been notified in writing of the change.	officer so	
/\- \C '	Coni	Jill Cilmi	Vice President	
I hereby accept I further agree performance of agent, Or, if th hereby confirm	to comply with the provision "my duties, and I am familia is document is being filed m	Printed or typed name and to red agent and agree to act in this capacity. Institutes relative to the proper and con ir with and accept the obligation of my position is rely to reflect a change in the registered offi- tion notified in writing of this change.	ninlew	
By: Dig	ice Cokubi	11/08/2018		
	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
	, Assistant Vice President yped or Printed Name			
'	ypon to a timed (tollic			

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