

H 20286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

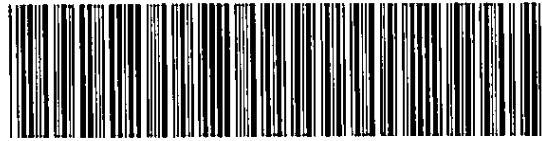
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200327398882

04/08/19--01024--008 **35.00

FILED
2019 APR -8 PM 5:53
HARRISBURG, PA

C. GOLDEN

APR 15 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southern Home Health Care, Inc.

Name of Corporation

DOCUMENT NUMBER: H20286

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:

Margaret E. Barr

Name of Contact Person

Southern Home Health Care, Inc.

Firm/Company

5020 26th Ave S

Address

Gulfport, FL 33707-5132

City/State and Zip Code

Grits00@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret E. Barr

Name of Contact Person

at (727) 647-8904

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: Southern Home Health Care, Inc.
2. The principal office address: 5020 26th Ave S, Gulfport, FL 33707-5132
3. The mailing address (if different): 5020 26th Ave S, Gulfport, FL 33707-5132 (same)
4. Date of incorporation/qualification: 9/10/1984 Document number: H20286
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)

Margaret E. Barr
340 49th Street S.
St. Petersburg, FL 33707-1928

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

Margaret E. Barr (same)

5020 26th Avenue S.

P.O. Box NOT acceptable

Gulfport, FL 33707-5132

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.

Margaret E. Barr, President
Signature of an officer or director

Margaret E. Barr, President
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.

Margaret E. Barr, Registered Agent
Signature of Registered Agent

April 5, 2019

Date

If signing on behalf of an entity:

Margaret E. Barr, President & Registered Agent, Southern 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)

FILED
2019 APR - 8 PM 5:53