

H5 7131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

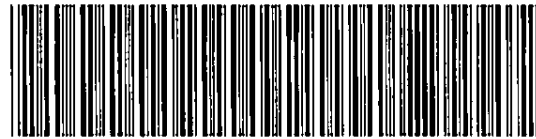
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600425590586

RECEIVED  
2024 MAR 11 AM 11:19  
FILED  
2024 MAR 11 AM 10:49  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FL



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com  
Ext:  
Date: 03/11/24  
Order #: 1445921-1  
Re: AMELIA HOME HEALTH SERVICES, INC.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office  
Check in the amount of: \$35.0: I20000000195  
AUTH 

Please take the following action:

File on a routine basis  
Issue proof of filing  
Return evidence to the following:  
ATTN: Shauna Godbolt  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

Special Instructions:

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

FILED  
2024 MAR 11 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: AMELIA HOME HEALTH SERVICES, INC.  
2. The principal office address: 474270 E. STATE RD 200 FERNANDINA BEACH, FL 32034

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/15/1985 Document number: H57131

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)

Austrich, Jaime

101 East Kennedy Blvd. Suite 2800 Tampa, FL 33602

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

FILED  
2024 MAR 11 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

/s/Marc A Vasil

Signature of an officer or director

Marc A Vasil, 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.*

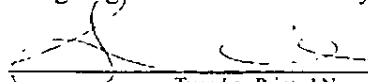
**Corporation Service Company**

By:   
Signature of Registered Agent

3/8/2024

Date

If signing on behalf of an entity:

  
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 (04/13) CSC COA-3000