

L010000 14300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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(Business Entity Name)

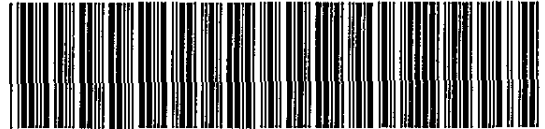
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FF \$25

AFFINITY CARE SERVICES, INC.

38217 5th Avenue – Zephyrhills, FL 33542
Tel. 813-783-8891 *Toll-Free 1-888-691-1411

June 20, 2003

Secretary of State
Division of Corporations
ATTN: Shawn Logan, Document Specialist
P.O. Box 6327
Tallahassee, FL 32314

RE: Affinity Care Services, LLC
Affinity Care Services, Inc.

Dear Shawn Logan:

Enclosed please find form INHS18 for Change of Registered Agent and Office for a Limited Liability Company, along with a check in the amount of \$25.00.

Please send me some form of verification that the Registered Agent has been changed as indicated.

Thank you for your assistance. If you have any questions or comments, please do not hesitate to contact me at the toll-free number referenced above.

Very truly yours,

Frank Bailey

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: AFFINITY CARE SERVICES, LLC

2. The mailing address of the limited liability company is: NEW: 38217-5TH AVENUE
OLD: 5708-9TH STREET
ZEPHYRHILLS, FL 33540

AUGUST 21, 2001

L01000014300

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

EILEEN MOORMAN
Name
20415 LAKE PATIENCE RD
Address
LAND O' LAKES, FL 34639
City, State and Zip

6. The name and address of the new registered agent and/or office:

FRANK BAILEY
Name
38217-5TH AVENUE
Florida street address (P.O. Box NOT acceptable)
Zephyrhills, FL 33542
City, State and Zip

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SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

FRANK BAILEY

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314