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NOV 1 9 2018 S. YOUNG



CSC - WILMINGTON 251 Little Falls Drive -Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall

logan.hall@cscglobal.com

Date: October 31, 2018

Order#: 458906/003

Re: COMPREHENSIVE HOME CARE OF HERNANDO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Logan Hall 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.

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Name of the limited liability company: COMPREHENSIVE HOME CARE OF HERNANDO, LLC					
2. (a)	10109 Cortex Blvd	_ (b)	6450 NW 5TH WAY	,	
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*)	Mailing address	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Brooksville, FL 34613		FT. LAUDERDALE, F	L 33309	
	02/07/2003	. <u> </u>	L03000004765		
3.	Date of filing/registration in Florida	4.	Document n	number	
5. (a	MOSKOWITZ, MICHAEL W, ESQ. MOSKOWITZ, MANDELL, SALIF	M & SIMOV	/ITZ, PA		
800 CORPORATE DR - STE 500					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	FT LAUDERDALE FL_	33334	<del></del>	FILI NOV -2 NOV -2 NIASSE	
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addr	ess;	1 8: 15	
	1201 Hays Street			Σ•''' U1	
	NEW Registered Office Address:				
			<del></del>		
	Tallahassee FL_	32301			
Signal I here provise the obto mer notifies	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited agreement of the limited agreement of the limited agreement of a member of authorized representative of a member the accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete placetons of my position as registered agent as provided the reflect a change in the registered office address. I had in writing of this change	the registe bility come the limit of limited lia see to act in line for in Charles con line c	ered office and the busingany, it is hereby confed liability company or bility company.  Imi, Authorized Person  Printed or type on this capacity. I furth	iness office of the registered firmed that the change(s) ras otherwise provided in ed name of signee er agree to comply with the am familiar with and accept this document is being filed ability company has been	