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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Duamesa Littly Name)							
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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#: 458906/005

Re: COMPREHENSIVE HOME CARE OF PINELLAS/PASCO, 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.

INCA.XCOA

8 NOV -2 AH :

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.

1. Na	ame of the limited liability company: COMPREHENS	IVE HON	E CARE	OF PINELLAS/PASC	CO, LLC		
2. (a)	6450 NW 5TH WAY	(b)	33920	US HWY 19 N			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/		Mailing address of limite (Note: MAY BE POS		-	-
		_	SUITE 341				
	FT. LAUDERDALE, FL 33309	_	PALM H	ARBOR, FL 34684			
	02/25/2003	_	L030000	06901			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	MOSKOWITZ, MICHAEL W, ESO. MOSKOWITZ, MANDELL, SALIM	4 & SIMOV	VITZ, PA	_			
	Registered Agent and Registered Office shown on the records of the	ne Florida l	Dept. of Stat	e:			
	800 CORPORATE DR - STE 500			_			
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)			 ,		
				_	产的	œ	
	FT LAUDERDALE FI	22224				NGV	71
	, rt	33334		_		1-2	
(b)	Corporation Service Company				filling.		
. .	Enter name of NEW Registered Agent and/or NEW Registered C	office add	<u>'ess</u> :	_		÷	
					<u> </u>	 G	
	1201 Hays Street			_	D	S	
	NEW Registered Office Address:						
				-			
	Tallahassee, FL_	32301		_			
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the li	he regist pility con the limit	ered office apany, it is ed liabilit	and the business of s hereby confirmed to v company or as other	ffice of th that the cl	ie regi hange	stered (s)
	Xel & a Once	Jill Ci	lmi, Autho	rized Person			
-	ture of a member or authorized representative of a member			Printed or typed name of	•		
provisi he obli o mere notifico	vaccept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he is many this change	erformai for in Cl ereby cor	ice of my a papter 605 ifirm that	duties, and I am Jam , F.S. Or, if this doc the limited liability o	iliar with cument is company	i and e being has b	th the accept g filed een
oignatui	te of Registered Agent Corporation Service Company	BY: Gra	ice E. Kir	by, Assistant Vice	Preside	nt	