L03000011294

Florida Department of State
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To:

Division of Corporations
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From:

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
CARESERVICES OF CENTRAL FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$25.00~~

$25.00

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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CareServices of Central Florida, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon McGuire
Name of Person

Bingham McCutchen LLP
Firm/Company

One Federal Street
Address

Boston, MA 02110
City/State and Zip Code

shannon.mcguire@bingham.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Shannon McGuire at (617) 951-8075
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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. Name of the limited liability company: CareServices of Central Florida, LLC

2. (a) Principal office address of limited liability company:

☐ *(Note: MUST BE STREET ADDRESS)*

4407 Vineland Road #D-16
Orlando, Florida 32811

(b) Mailing address of limited liability company:

☐ *(Note: MAY BE POST OFFICE BOX)*

2500 Quantum Lakes Drive, Suite 108
Boynton Beach, Florida 33426

03/28/2003
3. Date of filing/registration in Florida

L03000011294
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Daniel Cammarata

Registered Office Address: 2500 Quantum Lakes Drive, Suite 108
Boynton Beach, Florida 33426

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Maxine Hochhauser

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

2500 Quantum Lakes Drive, Suite 108
Boynton Beach, FL 33426

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.

Maxine Hochhauser
Signature of a member or authorized representative of a member

Maxine Hochhauser, President
Printed or typed name of signer

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.

Maxine Hochhauser
Signature of Registered Agent

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TALLAHASSEE, FLORIDA

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

LLC1S (05/08)