

L04000028589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

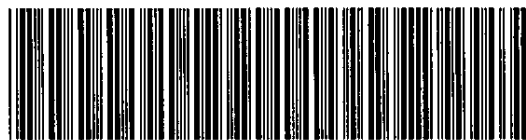
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/11/14--01007--003 \*\*25.00

14 SEP 11 PM 2:41  
DIVISION OF CORPORATIONS  
STATE OF CALIFORNIA

C. Lewis  
9-17-14

Friday, September 5, 2014

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Please change the Principle office address for the Limited Liability Company named Kaerbear's Healthcare LLC to the new address listed below:

1380 NE Miami Gardens Drive

Suite 230

North Miami Beach, FL 33179

We are moving the office as of October 15, 2014. The Registered Agent will remain the same. The mailing address for correspondence is:

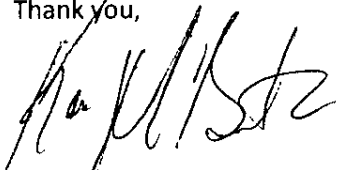
Kaerbear's Healthcare LLC

2040 Polk Street

Hollywood, FL 33020

If you have any questions or concerns regarding this matter please call Karen McGrath at 305-215-8403.

Thank you,

A handwritten signature in black ink, appearing to read 'Karen McGrath', written over the 'Thank you,' text.

Karen McGrath

Kaerbear's Healthcare LLC

[KMcGrath@KBHHC.com](mailto:KMcGrath@KBHHC.com)

Phone: 305-215-8403

Fax: 305-940-1250

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kaerbear's Healthcare 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:

Karen m'Grath  
Name of Person

Kaerbears Healthcare LLC  
Firm/Company

2040 Polk Street  
Address

Hollywood, FL 33020  
City/State and Zip Code

Kmcgrath@KBHHC.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen m'Grath at (305) 215-8403  
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

**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. Name of the limited liability company: Kaerbear's Healthcare L.L.C.
2. (a) Kaerbears Healthcare (b) Kaerbear's Healthcare  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
1897 NE 164 Street 1897 NE 164 Street  
Miami, FL 33162 Miami, FL 33162

3. 04/02/2004 4. L04000028589  
Date of filing/registration in Florida Document number

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

1897 NE 164 Street  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Miami, FL 33162

- (b) Karen McGrath - NA -  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1380 NE miami Gardens Drive  
Suite 230  
North Miami Beach, FL 33179

North Miami Beach, FL 33179

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.

Karen McGrath  
Signature of a member or authorized representative of a member

Karen McGrath  
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 605, 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.*

Karen McGrath  
Signature of Registered Agent

14 SEP 11 PM 2:41  
DIVISION OF CORPORATIONS