## L'040007469

| (Re                                     | questor's Name)        |      |  |  |
|---|------------------------|------|--|--|
| (Ád                                     | ldress)                |      |  |  |
| (Ad                                     | ldress)                |      |  |  |
| (City/State/Zip/Phone #)                |                        |      |  |  |
| PICK-UP                                 | WAIT .                 | MAIL |  |  |
| (Bu                                     | siness Entity Nan      | ne)  |  |  |
| (Document Number)                       |                        |      |  |  |
| Certified Copies                        | Certificates of Status |      |  |  |
| Special Instructions to Filing Officer: |                        |      |  |  |
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Office Use Only

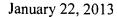
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## VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Careservices of Bethesda, LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Leana Guzman

REGISTERED AGENT SOLUTIONS, INC.

Leana Gwaman

## 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.

| .,   | •   |  |   |
|--|---|--|---|
| I. Na  | me of the limited liability company: CareServices of Bethesc  | ia, LLC  |   |
| <b>2</b> ()                                  | Deigning of Connections of Similar Stability comments   | . 2800 C. Concress Avenue Suite A  |   |
| Z. (a)                                       | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)  | Bethesda FL 33426  |   |
|  | (Note: MUST BE STREET ADDRESS)  |  |   |
| (b)  | Mailing address of limited liability company:   | PO Box 200   |   |
| (0)  | (Note: MAY BE POST OFFICE BOX)  | Augusta, GA 30903-0200   |   |
|  |   |  |   |
| 10/14/20                                     | 004   | L04000074649   |   |
| 3. Da  | te of filing/registration in Florida  | 4. Document number   |   |
| 5. (a  | ) Registered Agent and Registered Office shown on t   | he records of the Florida Dept.  | of State:   |
|  | Registered Agent:   | HOCHHAUSER, MAXINE CEO   |   |
|  | Registered Office Address:  | 2500 QUANTUM LAKES DRIVE 108   |   |
|  | Registered Office Address.  | BOYNTON BEACH FL 33426   |   |
|  |   |  |   |
| (h)  | Enter name of <b>NEW Registered Agent</b> and/or <b>NEV</b>   | V Registered Office address:   |   |
| (0)  |   |  |   |
|  | NEW Registered Agent:   | Registered Agent Solutions, Inc.   |   |
|  | NEW Registered Office Address:  | 155 Office Plaza Drive   |   |
|  | (MUST BE FLORIDA STREET ADDRESS)  | Sulte A  | 101 20224   |
|  |   | Tallahassee  | .FL_32301   |
| confir<br>and the<br>liabilithe me<br>the or | limited liability company is not organized under the lamed that after the change or changes are made, the Flate business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise returning agreement of the limited liability company. | orida street address of the registical. Or, in the case of a Florid  | stered office a limited   |
| Rick W.                                      | Griffin   |  | ٠<br>٠<br>٠   |
|  | or typed name of signee   |  |   |
| I here<br>compl<br>and I<br>Chapt<br>addre   | eby accept the appointment as registered agent and a<br>ly with the provisions of all statules relative to the pro<br>am familiar with and accept the obligations of my po-<br>ter 608, F.S. Or, if this document is being filed to me,<br>ss, I hereby confirm that the limited liability company  | gree to act in this capacity. If for the performance sition as registered agent as prefer a change in the region to the performance of the region of the region of the region of the performance in the performance of the performance in the performance in the performance of the performance in the | urther agree to<br>e of my duties,<br>ovided for in<br>istered office<br>f this change. |
| Fagnati                                      | lin Wught Asst. Jecretai  | y  |   |

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