L05000022287

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



700066688117

02/27/06 01057 010 **25.00



4 BRYMOI FEB 2 8 2006

COVER LETTER

Division of Corporations		
SUBJECT: United Home Care S (Name of Limite	Ervices of Northwest FL LLC ed 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 n	natter to the following:	
STACEY STONE / SEBAS (Name of Person)	IIANO RUSSO	
United Home Care S (Firm/Company)	ervices of Northwest FLOREDI	
4400 Bayou BIVN. B PENSACOLA (Address) FL, -325	10g.21E 03- 32503	
Pensacola/ FLORT NA (City/State and Zip Code)	32503 ASSEE, FL	
For further information concerning this matter, ple	ease call:	
STACEY STONE at (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 amo	ount:	
\$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 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. The name of the limited liability company is: United Home Care Services OF Nor thwest FLOREDA Lice
2. The mailing address of the limited liability company is:
4400 Bayou Blvd. Bldg. 21 Suite E. PENSACOLA, FL 32503 3/07/2005 3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
STACEY STONE
4051 Songhird Drive
PENSACOLA, FL 32503 P. B. T.
6. The name and address of the new registered agent and/or office: Sebastiano Rosso Para Torresta City, state and Zip Response of the new registered agent and/or office: Sebastiano Rosso Para Torresta City, state and Zip
Address PENSACOLA, FL, 32503 City, State and Zip 6. The name and address of the new registered agent and/or office: Sebastiano Rosso Name 4400 Bayou Blvd. Bldg. 21F Florida street address (P.O. Box NOT acceptable)
PENSACOLA FL 32503
City, State and Zip
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. (Signature of a member of authorized representative of a member)
Sebastiano Russo (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 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.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00