## 105000033266

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		1		

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SECRETARY OF STATE

**S Warren** DEC 0 6 2018

## **COVER LETTER**

	CO TER EDITER			
TO: Registration Section Division of Corporations				
SUBJECT: ACE HOMECARE LLC	·····			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Arthur Barlaan				
Name of Person				
ACE Homecare LLC				
Firm/Company				
PO Box 2261				
Address				
Mango, FL 33550				
City/State and Zip Code				
arthur.barlaan@acehomecareflorida.co				
E-mail address: (to be used for future and	nual report notification)			
For further information concerning this matter	, please call:			
Arthur Barlaan	813 918-0611			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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. N	ame of the limited liability company: ACE HOMEC	CARE LLC	
2. (a)		(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3030 N Rocky Point Drive, STE 150A	PO B	ox 2261
	Tampa, FL 33607	Mang	o, FL 33550
	09/27/2016	L05000	0033266
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
(,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	Arthur Barlaan		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	9210 King Palm Drive, #112		
	Tampa	33619	
	V		
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	REGISTERED AGENTS INC.		FILED  REC -5 P 3  RETARY OF STANASSEE, FLO
	NEW Registered Office Address:		— SSEY_O
	3030 N. Rocky Point Drive, STE 150A		FS.
	Tampa	33607	P 3 22
	, FL		<del></del> ' <del>-</del>
the cha agent v was/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the registered of ability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
/	M Sulv	Arthur Bar	laan /manager
Signa	Ture of a member or authorized representative of a member	-	Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act in this of performance of in Chapter the hereby confirm the	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatu	Bill Havre/Assistant Secr	retary	

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