

LOG 000048745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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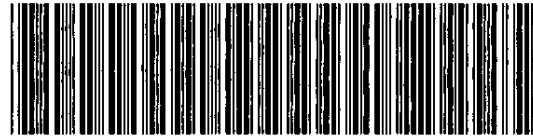
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR -6 PM 1:11

MAR 07 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hygeia Home Health, 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:

Benjamin Gilbert
Name of Person

Hygeia Home Health, LLC
Firm/Company

1033 40th Ave North
Address

St Petersburg FL 33703
City/State and Zip Code

bgilber22@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Gilbert at (727) 686-3574
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2017

BENJAMIN GILBERT
1033 40TH AVE NORTH
ST PETERSBURG, FL 33703

SUBJECT: HYGEIA HOME HEALTH, L.L.C.
Ref. Number: L06000048745

RECEIVED
2017 MAR -6 PM 3:08
TALLAHASSEE, FLORIDA

We have received your document for HYGEIA HOME HEALTH, L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 517A00003306

**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: Hygeia Home Health, LLC

2. (a) _____
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

13787 Belcher Rd. South
Suite #200 Largo, FL 33771

(b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

1033 40th Avenue North
St Petersburg, FL 33703

3. 04/22/2016
Date of filing/registration in Florida

4. LOG000048745
Document number

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

JEFF MOORE GILBERT BENJAMIN
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13787 Belcher Road South #200
Largo, FL 33771

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

Benjamin Gilbert
NEW Registered Office Address: mailing address only
1033 40th Avenue North
St Petersburg, FL 33703

Corrections
made

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR -6 PM 1:14

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]
Signature of a member or authorized representative of a member

Benjamin Gilbert
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.

[Signature]
Signature of Registered Agent