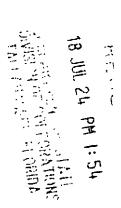
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to I	Filing Officer:				
					

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JUL 25 2018





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	ACCOUNT#, 120000000
Name: KEN HOWELL	
Reference #:	
Entity Name: LIFELINE HOME HEALTH CARE OF LAKELAND, L	LÇ
Articles of Incorporation/Authorization to Transact Busin	ness
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	UES - CALL KEN @ 518-213-0738
Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25.00 Signature:	_

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.	Nai	me of the limited liability company: LIFELINE HO	ME HEALTH CARE OF LAKEL	<u>AND,</u>	<u>LLC</u>
2.	(a) Principal office address of limited liability company: 901 Hugh Wallis Road South (Note: MUST BE STREET ADDRESS)				
(1		(IMEL MOOF DE STREET INDEREDS)	Lafayette, LA 70508		
	(b)	b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	901 Hugh Wallis Road South		
	(More. MAT BE TOST OF TICE BOX)		Lafayette, LA 70508		
8.		31/2006	L06000086048		
3.	Dat	te 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:				
		Registered Agent:	CORPORATION SERVICE C	OMP	<u>ANY</u>
		Registered Office Address:	1201 HAYS STREET	2110	
			TALLAHASSEE, FL 32301-2525	<u></u>	<u>.</u>
			الله معرف معرف		
	(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office address:	2կ	,
		<u>NEW</u> Registered Agent:	COGENCY GLOBAL INC.	P	<u> []</u>
		NEW Registered Office Address:	115 North Calhoun St., Suite:4	<u> </u>	
		(MUST BE FLORIDA STREET ADDRESS)	Taliahassee .FL		
co an lia the	nfin d the bilit e me	limited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherw erating agreement of the limited liability company. /s/ Donald Stelly	Torida street address of the register tical. Or, in the case of a Florida li) was/were authorized by an affirm	ed offi mited ative v	ote of
Sig	 natur	e of a member or authorized representative of a member	-		
		Donald Stelly			
Pr	inted	or typed name of signee	_		
L.co an Cl aa	here mpl d I d hapte dre:	thy accept the appointment as registered agent and a with the provisions of all statules relative to the prain familiar with and accept the obligations of my pair 605, F.S. Or, if this document is being filed to miss, I hereby confirm that the limited liability compands.	igree to act in this capacity. I furth oper and complete performance of osition as registered agent as provi erely reflect a change in the registe by has been notified in writing of th	ier agr my du ded foi red off is char	ree to ties, r in fice ige.

Signature of Registered Agent Tim Mayville, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00