

LO60000 88952

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32307

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The HomeCare Team, 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:

Laura Tuttle

Name of Person

The HomeCare Team

Firm/Company

14920 Casey Road

Address

Tampa, FL 33624

City/State and Zip Code

[laura@thehomecareteam.com](mailto:laura@thehomecareteam.com)

E-mail address: (to be used for future annual report notification)

11:54 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR -3 PM 2:24

For further information concerning this matter, please call:

Keira Thomas

at (352)

666-2771

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

**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: The HomeCare Team, LLC

2. (a) 14920 Casey Road (b) 14920 Casey Road

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Tampa, FL 33624

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Tampa, FL 33624

9/11/2006

3. Date of filing/registration in Florida

L06000088952

4. Document number

5. (a) Shane Donaldson

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5286 Applegate Drive

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Spring Hill, FL 34606

(b) Laura Tuttle

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

14920 Casey Road

**NEW** Registered Office Address:

Tampa, FL 34606

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.

Keira Thomas

Signature of a member of authorized representative of a member

Keira Thomas

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

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

FILED  
CLERK OF STATE  
TALLAHASSEE, FL 32309  
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