L0600044201

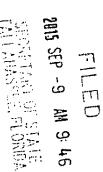
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name) ,							
, and the second							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	PlatinumOne Home Health Serv	rices LLC				
Name of Limited Liability Company						
Dear S	oir 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:						
Reyn	aldo Arguelles					
	Name of Person		_			
PlatinumOne Home Health Services LLC						
	Firm/Company		_			
5901	NW 151 St Suite 107		_			
	Address					
Miam	ni Lakes, FI 33014					
	City/State and Zip Code		_			
platin	umone@bellsouth.net					
F	E-mail address: (to be used for future annual r	eport notific	ation)			
For fu	rther information concerning this matter, plea	se call:				
Reyn	aldo Arguelles	305 : (362-9336			
	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	Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	□ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 SEP -9 PM 1: 58

SECHETARY OF STATE
FALLAHASSEE, FLORIDA

August 20, 2015

REYNALDO ARGUELLES, DON 5901 NW 151ST STREET SUITE 107 MIAMI LAKES, FL 33014

SUBJECT: PLATINUMONE HOME HEALTH SERVICES LLC

Ref. Number: L06000094201

We have received your document for PLATINUMONE HOME HEALTH SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 615A00017626

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.

. Na	ime of the limited hability company:		alth Services LLC		
. (a)	5901 NW 151 St Suite 107	(b) ⁵	(b) 5901 NW 151 St Suite 107 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
,	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)				
	Miami Lakes FL 33014 Miami		liami Lakes, FI 33014	_akes, FI 33014	
	·	agendaria al-anggeriga a-antanggeri	**************************************		
	09/26/2006	LO	6000094201		
	Date of filing/registration in Florida	4.	Document number	r	
. (a)	LORNA LELANY L. ARGUELLES				
. (a)	Registered Agent and Registered Office shown on the reco	ords of the Florida De	ept. of State:		
	15315 NW 60 AVE SUITE G				
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRESS)		2015	
•	MIAMI LAKES	, _{FL} 33014		1200 8 1	
(b)				-9 A	
	Enter name of NEW Registered Agent and/or NEW Regi	stered Office addre	<u>885</u> :	STATE STATE	
	NEW Registered Office Address:				
	5901 NW 151 ST SUITE 107				
	MIAM! LAKES	_, _{FL} 33014			
he cha gent v vas/we	imited liability company is not organized under tange or changes are made, the Florida street addressed in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement of	ess of the registe ted liability com- bers of the limite	red office and the business pany, it is hereby confirmed d liability company or as o	office of the registered d that the change(s)	
	# Willer	REYN	IALDO ARGUELLES		
Signa	ture of a member or authorized representative of a member	-	Printed or typed nam	ne of signee	

Signature of Registered Agent

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.