## L06000104096

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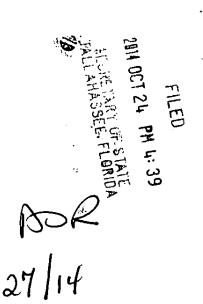
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10/24/14

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CARETENDERS VISITING SERVICES OF HERNANDO COUNTY

LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

## 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.	Naı	me of the limited liability company:Caretenders	Visiting Services of Hernan	do County, LLC		
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	9510 ORMSBY STATION ROAD, SUITE 300			
		(NOIE. MUST DE STREET ADDRESS)	LOUISVILLE, KY 40223-5016			
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9510 ORMSBY STATION ROAD, SUITE 300			
		(Mile Mile Bolt of Carlot Bon)	LOUISVILLE, KY 40223-5016			
		10/25/2006	L06000104096			
3.	Dat	e of filing/registration in Florida	4. Document number	2		
5.	(a)	Registered Agent and Registered Office shown on t	Registered Office shown on the records of the Florida Dept. of State:			
		Registered Agent:	CT Corporation System	of State: NS SSE		
		Registered Office Address:	1200 South Pine Island Road			
			Plantation, FL 33324	FG P		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  National Corporate Research, Ltd., Inc.				
NEW Registered Office Address:			•			
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive			
			Tallahassee	FL 32301		
and lial the the	nfirm d the bility me ope	imited liability company is not organized under the lened that after the change or changes are made, the Flebusiness office of the registered agent will be identify company, it is hereby confirmed that the change(s) pubers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the regis	tered office		
នខ្មោ	ature	of a member or authorized representative of a member				
		ck Todd Lyles, Senior Vice President	_			
I h cor and Ch add	erel nply I I a apte dress	or typed name of signee  by accept the appointment as registered agent and as with the provisions of all statutes relative to the promise m familiar with and accept the obligations of my post to 05, F.S. Or, if this document is being filed to mer so, I hereby confirm that the limited liability company to of Registered Agent Sean Honan, Assistant Secretar		rther agree to of my duties, ovided for in stered office this change.		
_		- Sean nunan, Assistant Secretar	v			

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