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Ţ,		
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
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S. HAWKES

JUL 3 1 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corporations	
SUBJE	CT: Pine	llas Senior Care LLC
		imited Liability Company
Dear Sir	r or Madam:	
The enc	losed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the following:
	Daniel Geier	
	Name of Person	
	Senior Helpers Firm/Company	
	1679 Indian Rocks Rd Address	
	Largo, FL 33774	
	City/State and Zip Code	
E-ma	dgeier@seniorhelpers.com	olification)
For furtl	her information concerning this matt	er, please call:
	Daniel Geier	at (727) 210-1414
	Name of Person	Area Code & Daytime Telephone Number
I (2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
]	Enclosed is a check for the following	g amount:
[v	7 \$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 608.416 or 608.508, 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.

agent, or both, in the State of Pioritia.			
Name of the limited liability company:	Pinellas Senior Care LLC		
2. (a) Principal office address of limited liability co	ompany: 601 Cleveland St		
(Note: MUST BE STREET ADDRESS)	suite 501 Clearwater, FL 33755		
(b) Mailing address of limited liability company	: 601 Cleveland st		
(Note: MAY BE POST OFFICE BOX)	suite 501 Clearwater, FL 33755		
11/20/2006	L060001121523 3 C		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State!		
Registered Agent:	Geier, Daniel J II		
Registered Office Address:	601 Cleveland St suite 501 Clearwater, FL 33755		
(b) Enter name of NEW Registered Agent and/	or NEW Registered Office address:		
NEW Registered Agent:	Geier, Daniel J II		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	1679 Indian Rocks Rd		
	Largo ,FL33774		
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 of a member or authorized representative of a member			
Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address. I hereby confirm that the limited liability confirms the limited liability confirms that the limited liability confirms that the limited liability confirms the l	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, iny position as registered agent as provided for in I to merely reflect a change in the registered office Impany has been notified in writing of this change.		

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

Signature of Registered Agent