L0600122095

(Re	equestor's Name)		
(Ac	ddress)	<u></u>	
(Ac	ddress)		
(Ci	ity/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name	e)	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

INHS18 (8/05)

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.

1. The many of the B		Care For Pool 11 C		
	nited liability company is:			
2. The mailing address	ss of the limited liability con	npany is : 6125 West 21 Court,	Hialeah, FL 33016	
December 26, 2006		L06000122095		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the reg Florida Department		ered office address as shown on th	ne records of the	
·	MALOVE, ROBE			
	ONE EAST BROW	Name ARD BLVD., SUITE 700 Address		
	FORT LAUDERDA		SECRETAR VISION OF 1	
6. The name and addre	ess of the new registered age	ent and/or office:	동독등	
	Ruben Arrojo			
	Name 6125 West 21 Court		DOF JAIL POSTATIO AM IO: 54	
	Florida street address	(P.O. Box NOT acceptable)	X	
	Hialeah,	FL 33016		
	City, Sta	ate and Zip		
confirmed that after the and the business office liability company, it is of the members of the or the operating agree	e change or changes are ma e of the registered agent will		ne registered office Florida limited	
Ruben Arrojo				
(Printed or typed name of sig	gnee)			
I hereby accept the all comply with the provisand I am familiar with Chapter 508, F.S. Or address, I hereby com	ppointment as registered ag sions of all statules relative and accept the obligations fif this document is being fil firm that the limited liability	ent and agree to act in this capaci to the proper and complete perfor of my position as registered agen led to merely reflect a change in to company has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office iting of this change.	

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

gnature of Registered (gent)