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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Compassionate	Care NR, LLC
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Lori Kianka	
Name of Person	
Name of Person	
Compassionate Care N	RLLC
Firm/Company	
9435 McAneeny Ct	
Address	
Wellington FL 33414	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
lkianka@comcast.net	
E-mail address: (to be used for future annual report n	notification)
For further information concerning this matt	er, please call:
Lori Kianka	_{at (} 561) 244-5098
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	ng 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 608.416 or 608. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the unde ler to change its registered offic	rsigned limited se or registered	
1. Name of the limited liability company: Compassionate Care !	NR, LLC	 	
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	Suite 8		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Boynton Beach, FL 33437 9435 Mc Angeny Ca Wallington, FL 33	1. 3414	
05/23/2007 3. Date of filing/registration in Florida	L07000054622 4. Document number		
5. (a) Registered Agent and Registered Office shown on		of State:	
Registered Agent:	Lon Kianka	OF SE	η
Registered Office Address:	1500 Gateway Blvd. Suite 220	30 30 F	_
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	CW Registered Office address:	2: 50 TATE ORIDA	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12040 S. Jog Rd. Suite 8 Boynton Beach	,FL 33437	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member of authorized representative of a member.	Florida street address of the regis ntical. Or, in the case of a Florid s) was/were authorized by an affi vise provided in the articles of or	stered office a limited irmative vote of	
Printed or typed name of signee Lori Kianka			
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the pand I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company	agree to act in this capacity. I fi roper and complete performance osition as registered agent as pr erely reflect a change in the reg ny has been notified in writing o	urther agree to	
Signature of Registered Agent			

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