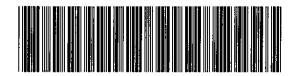
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SECRETARY OF STATE

COVER LETTER

	TO: Registration Section Division of Corporations				
•	SUBJECT: Crant'S Hon (Name of I	ne Care LLC Limited Liability Company)			
	Dear Sir or Madam: The enclosed Registered Agent/Registered Complete Please return all correspondence concerning	Office Change and fee(s) are submitted for filing. this matter to the following:			
	Clivete Dalrym	ole			
	Corant's Home Can	ALLC PALLA			
	251 D. Cogth Terrace (Address)	HASSEE			
	Hollywood Fl 3305 (City/State and Zip Code)	AHID: 25 OF STATE AFLORIDA			
	For further information concerning this matt	er, please call:			
	Clivete Dalrymple (Name of Person)	at (954) 548-6916 (Area Code & Daytime Telephone Number)			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following 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 608.508, 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 Pioriaa.			$\hat{}$		
1. The name of the limited liability company is:	ant.s	Home (are	LL	<u> </u>
2. The mailing address of the limited liability company	is: <u>7161</u>	Pembro	oke R	<u>d</u> #	600
Pembroke Pines, Florida 330	sa us				·
3. Date of filing/registration in Florida		nent number	165		
5. The name of the registered agent and the registered of Florida Department of State: The One Servi		s shown on the	records o	f the	
Name 7161 Pembroke R. Address Pembroke Pines City, State and	d #600				·
6. The name and address of the new registered agent and	lor office:		TAL SE	07	
Clivete Dalrya 251 N. 69th Name Florida street address (P.O. E Hollywood, FL 3 City, State and	OL Box NOT acce	eptable)	G.F.	SEP 21 AM In: 25	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	: Florida street entical. Or, in :(s) was/were a	address of the the case of a F authorized by a	registered lorida lim n affirmat	d offic nited tive vo	ote
Clivete Dalrymple (Printed or typed name of signee)					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability composition of Registered Agent)	l agree to act proper and co position as res nerely reflect any has been r	in this capacity mplete perform gistered agent of a change in the notified in writi	i. I furthe lance of n as provide registere ng of this	r agre ny dut ed for ed offi chang	e to ies, in ce ze.

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