

LU7000089448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

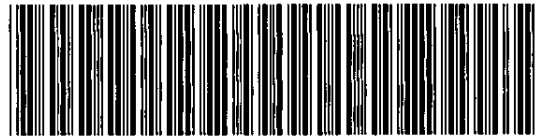
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

NOV 28 2012

EXAMINER



400241389564

RECEIVED
DEPARTMENT OF STATE
12 NOV 27 PM 2:14

RECEIVED
12 NOV 27 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CSC!

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 319147 4352697

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE : August 20, 2012

ORDER TIME : 5:22 PM

ORDER NO. : 319147-025

CUSTOMER NO: 4352697

Spencer
12/27 AM 10:11
STATE
FLORIDA

CHANGE OF AGENT

NAME: CARE PARTNERS HOME CARE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: _____

**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. Name of the limited liability company: CARE PARTNERS HOME CARE, LLC

2. (a) Principal office address of limited liability company: 500 W. Main Street
(Note: **MUST BE STREET ADDRESS**) Louisville, KY 40202

(b) Mailing address of limited liability company: 500 W. Main Street
(Note: **MAY BE POST OFFICE BOX**) Louisville, KY 40202

08/31/2007

L07000089448

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI SERVICES, INC.

Registered Office Address: 515 E. PARK AVENUE
TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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.

Joan O. Lenahan
(Signature of a member or authorized representative of a member)

Joan O. Lenahan, Vice President and Corporate Secretary
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By:

(Signature of Registered Agent) Corporation Service Company

Harry B. Davis
Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00