## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000089286 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383 Fax Number

From:

: THE FARR LAW FIRM

Account Number : 103654001666

Account Name

Phone

(941)639-1158

Fax Number

: (941)639-0028

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC REGISTERED AGENT CHANGE MILLENNIUM HOME CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 2 3 2013

4/19/2013

04/22/2013 MON 13:55 FAX Farr Law Firm

**2**002/003

APR-22-2013 08:02 850-617-6381

4/22/2013 8:01:52 AM PAGE 1/001 Fax Server

P.001/001



April 22, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MILLENNIUM HOME CARE, LLC 2351 AARON ST. PORT CHARLOTTE, FL 33952

SUBJECT: MILLENNIUM HOME CARE, LLC

REF: L07000103159

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the registered agent and registered office now on file with this office. Please amend your document accordingly.

If from have any further questions concerning your document, please call (850) 245-6051.

\*\*\*InTaminy Hampton FAX Aud. #: H13000089286

\*\*Regulatory Specialist II Letter Number: 713A00009542

\*\*Regulatory Specialist II Letter Number: 713A00009542

P.O BOX 6327 - Tallahassee, Florida 32314

## H13000089286 3

## 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: Menture Home Core, LLC 2. (a) Principal office address of limited liability company: 2381 Amon Street Port Chertotte, PL 33952 (Note: MUST BE STREET ADDRESS) 2351 Aaron Sireal (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Port Charlotte, FL 33952 L07000103159 October 10, 2007 Document number Date of filing/registration in Florida (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NRAI Services, Inc. Registered Agent: 515 E. Park Ave. Registered Office Address: Tallahassee, FL 32301 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: David A. Holmas **NEW** Registered Agent: 99 Neabit 81. **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Punta Gorde FT 33960 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 signoc

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 688.7 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.

Signature of Registered Agent

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

INH318 (05/08)

H13000089286 3

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 22 AM 7: 28