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| PICK-UP WAIT MAIL | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 5, 2021

Order#: 639480/202

Re: INFINITY HOME CARE OF PINELLAS, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX __ Check in the amount of \$\$25.00.

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| Name of the limited liability company: INFINITY HOME CARE OF PINELLAS, LLC | | | | | | |
|--|-------------------------------------|---|--------------------------------|-----------------|--|--|
| 2. (a) | | 3854 American Way Suite A | | b) | 3854 American Way Suite A | |
| 2. | (11) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (, | , | - - | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | BATON ROUGE, LA 70816 | - - | | BATON F | ROUGE, LA 70816 |
| | | 11/26/2007 | | l | .0700011 | 7620 |
| 3. | | Date of filing/registration in Florida | 4. | | | Document number |
| 5. | (a) | CT CORPORATION SYSTEM | | | | |
| ٠. | () | Registered Agent and Registered Office shown on the records of th | e Florida | a I | Pept. of Stat | e: |
| | | 1200 SOUTH PINE ISLAND ROAD | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | - |
| | | | | | | _ |
| | | PLANTATION, FL | 33324 | | | |
| | | , F1 | ·- <u>-</u> | | | - |
| | (b) | | | | | |
| | ` / | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> |)ffice_ad | ldr | <u>(ess</u> : | - |
| | | Corporation Service Company | | | | 202 |
| | | | | | | |
| | | NEW Registered Office Address: | | | | <u> 5-1</u> |
| | | 1201 Hays Street | | | | |
| | | Tellahassa | 2004 | | | <u> </u> |
| | | 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 of the operating agreement of the limited liability company. Jill Cilmi, Authorized Person | | | | | | |
| Signature of a member or authorized representative of a member Printed or typed name of signe | | | | | | |
| pre he o vo. | ovisio e obli inere tifica | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete positions of my position as registered agent as provided if the reflect a change in the registered office address, I he fin writing of this change. | erforma for in C reby co | an Ch On, | ce of my a apter 605 firm that i | weity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been by, Asst. Vice President |