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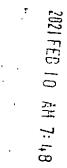
(Requestor's Name)								
(Address)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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CSC - 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#: 639480/205

Re: INFINITY HOMECARE OF DISTRICT 9, 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.

1.	Na	une of the limited liability company: INFINITY HOME	CARE C	OF C	ISTRICT 9	9, LLC			
2	(a)	3854 American Way Suite A	(b	38	354 Americ	can Way Suite A			
	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*	' <i>'</i> —		ling address of limit Note: MAY BE PO	_	•	-
		BATON ROUGE, LA 70816	_	— В	ATON ROL	N ROUGE, LA 70816			
		12/06/2007		LO	700012140	03			
3.		Date of filing/registration in Florida	4.		Do	cument number			
5.	(a)	CT CORPORATION SYSTEM							
3.	(4)	Registered Agent and Registered Office shown on the records of t 1200 SOUTH PINE ISLAND ROAD			t. of State:				
		Registered Office Address (MUST BE FLORIDA STREET A	<u>(DDRESS</u>	<u>)</u>					
		PLANTATION,, FL	33324					2021 FEB	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : Corporation Service Company			;			10 AK 7:4	7-6
		NEW Registered Office Address:						œ	
		1201 Hays Street							
		Tallahassee, FL	32301	_					
cha age wa	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law to the law	registere bility co f the lim limited li	ed of mpa ited iabil	Tice and th ny, it is he liability co	ne business office breby confirmed company or as offiny.	e of the re that the c	egistere hange(ed (s)
_	Genat	ture of a member or authorized representative of a member	3111 (inted or typed name	of signee	<u>_</u>	
]] pro the to :	ierel ovisi obli mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	performa I for in C ereby co	ince Trap infir	his capacit of my duti ter 605, F. m that the	y. I further agrees, and I am fan S. Or, if this do limited liability	ee to com niliar wib ocument is company	ply with and a to being has be	h the iccept filed en
Sig	gnatū	re of Registered Agent	Gra	ce f	Kirby, A	sst. Vice Preside	ent		

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