

L08000073164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

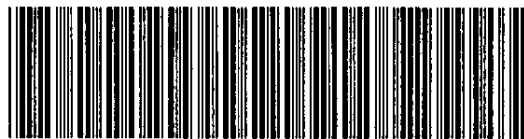
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300251005763

08/26/13--01033--019 **35.00

FILED
13 OCT -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16th Nov OCT 02 2013

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2013

ALVARO L. MEJER
201 ALHAMBRA CR SUITE 504
CORAL GABLES, FL 33134

SUBJECT: ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, LLC.
Ref. Number: L08000073164

We have received your document for ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00020687

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Home Health Agency of South Florida, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alvaro L. Mejer

Name of Person

Mejer Law, P.A.

Firm/Company

201 Alhambra Cr. Suite 504

Address

Coral Gables, FL 33134

City/State and Zip Code

amejer@mejerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvaro L. Mejer

Name of Person

at (305) 444-3355

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.

1. Name of the limited liability company: Atlantic Home Health Agency of South Florida, LLC

2. (a) Principal office address of limited liability company: 1900 NW Corporate Blvd
Suite 100 W
Boca Raton, FL 33431

(b) Mailing address of limited liability company: 1900 NW Corporate Blvd.
Suite 100 W
Boca Raton, FL 33431

07/30/2008

L08000073184

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: Mejer, Alvaro

Registered Office Address: 2222 Ponce de Leon Blvd PH
Coral Gables, FL 33134

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

NEW Registered Agent: Mejer, Alvaro

NEW Registered Office Address: Mejer Law, P.A.
(MUST BE FLORIDA STREET ADDRESS) 201 Alhambra Cr Suite 504
Coral Gables, FL 33134

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.

Luis E. Mejer, Jr.
Signature of a member or authorized representative of a member

Luis E. Mejer, Jr.
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.

[Signature]
Signature of Registered Agent

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