

L090000017510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

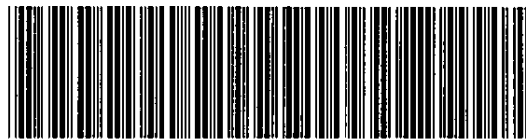
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700160277927

09/08/09--01013--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP - 8 PM 12: 11

T. HAMPTON

SEP - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVING HOME HEALTH AGENCY 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:

MARIE M. ABRAHAM
Name of Person

LOVING HOME HEALTH AGENCY LLC
Firm/Company

8433 W. Commercial Blvd
Address

TAMARAC FL 33551
City/State and Zip Code

loving@lovinghomehealth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie M. Abraham at (954) 793-1516 or (954) 517-0195
Name of Person 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: Loving Home Health Agency LLC
2. (a) Principal office address of limited liability company: 1500 GATEWAY BLVD
 (Note: MUST BE STREET ADDRESS) Boyton Bch. FL 33426 #200

(b) Mailing address of limited liability company: 1500 GATEWAY BLVD
 (Note: MAY BE POST OFFICE BOX) Boyton Bch. FL 33426 #200

3. Date of filing/registration in Florida: February 23, 2009
4. Document number: LO9000017510

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: MARIE M. ABRAHAM
Registered Office Address: 8433 W. COMMERCIAL BLVD
TAMARAC, FL 33351 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: _____
NEW Registered Office Address: 1500 GATEWAY BLVD ste 200
(MUST BE FLORIDA STREET ADDRESS) Boyton Bch. FL, FL 33426

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.

Marie M. Abraham
Signature of a member or authorized representative of a member

MARIE M. ABRAHAM
Printed or typed name of signer

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.

Marie M. Abraham
Signature of Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP - 8 PM 12: 11