| LC9CCC517-91 | | | | | | |
|--|----------------------------------|--|--|--|--|--|
| (Requestor's Name) (Address) (Address) | 800359950858 | | | | | |
| (City/State/Zip/Phone #) | 02/10/2101015014 *+ 25.00 | | | | | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | 2021 FT7 1 | | | | | |
| | | | | | | |
| Office Use Only | | | | | | |
| | Rahu | | | | | |



. • •

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#: 639480/201

Re: INFINITY HOME CARE OF OCALA, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> 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.

| (a) | 3854 American Way Suite A | | (b)3854 Ar | merican Way Suite A | |
|--------------------------------|---|---|---|--|--|
| () . | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | . , | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | BATON ROUGE, LA 70816 | | BATON | ROUGE, LA 70816 | |
| | 05/28/2009 | | | 51791 | |
| | Date of filing/registration in Florida | 4. | | Document number | |
| (a) | CT CORPORATION SYSTEM | | | | |
| | Registered Agent and Registered Office shown on the records 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREE | ate: | | | |
| | PLANTATION, | | | | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | red Office a | <u>ddress</u> : | _ | |
| | Corporation Service Company | | | | 20 |
| | <u>NEW</u> Registered Office Address: | | | | 2021 F |
| | | | | | 2021 FED |
| | NEW Registered Office Address: 1201 Hays Street | 32301 | | | 2021 FE: 10 |
| | <u>NEW</u> Registered Office Address: | FL_32301 | | | 2021 FET 10 7.1 |
| inge int w s/we | NEW Registered Office Address: 1201 Hays Street | FL laws of th he registe liability c s of the lin he limited | red office a ompany, it nited liabili liability co | nd the business office of the is hereby confirmed that the ity company or as otherwise | d that after t registered change(s) |
| inge ent w s/we artic | <u>NEW</u> Registered Office Address: 1201 Hays Street Tallahassee mited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member | FL laws of th he registe liability c s of the lin he limited | red office a ompany, it nited liabili liability co | nd the business office of the is hereby confirmed that the ity company or as otherwise mpany. | d thất after t registered chấnge(s) provided in |

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

• • •