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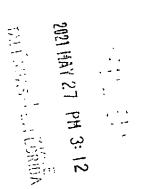
(Requestor's Name)
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PICK-UP WAIT MAIL
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16,

COVER LETTER

Division of Corporations	
I Care Air Care LLC SUBJECT:	
Same of Lin	nited Liability Company
Dear Sir or Madam;	
The enclosed Registered Agent/Registered Office Char	nge and tee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Dineen Waasylik	
Name of Person	7 85h.d
DPW Legal	
Firm/Company	
2244 Green Hedges Way, Suite 101	ϵ_{ij}
Address	
Wesley Chapel, FL 33544	
City/State and Zip Code	
sunbiz@ip-appeals.com	Control of the Control
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please o	rall:
Dineen Wasylik 8	13 778-5161
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy

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

· 41 . ,

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	ame of the limited liability company: I Care Air Care I	_1.(,		····
2. (a)		())	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	27022 Foamflower Blvd.		27022 F	Coamflower Blvd.
	Wesley Chapel, FL 33544	<u>.</u>	Wesley (Chapel, FL 33544
	03/01/2010		L100000	24605
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of CONTRACTORS REPORTING SERVICE, INC	the Florid	i Dept. of St	late:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u> </u>	_
	13795 N NEBRASKA AVE			
	Tampa, FI	33613	_	2021
		- <u>-</u>		2021 HAY 27
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 () () ()		$ \frac{1}{2}$ $\frac{7}{2}$
	rantel finding of NEW Registered Agent and/or NEW Registered	1 Omce ad	aress:	• • •
	Dineen Pashoukos Wasylik, P.A.			PN 3: 12
	NEW Registered Office Address:		· <u>-</u>	
	2244 Green Hedges Way, Suite 101			2
	Wesley Chapel	33544		
_				_
change agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim	ed office a mpany, it ited liabil	and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in
<u> 460</u>	en (1) 1/2	Dine	en Pashou	ikos Wasylik
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	performa d jor in C hereby ca	mee of mi	v duties, and I am familian with and account