

L110000009725



200212259492

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

09/26/11--01038--021 \*\*35.00

Special Instructions to Filing Officer:

~~Walter~~  
Julien Previlus

Office Use Only

FILED

2011 OCT 12 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

OCT 13 2011

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sierra Care Solutions, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L11000009725

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sierra Sinegal  
Name of Contact Person

Sierra Care Solutions, LLC  
Firm/Company

1251 NE 108th Street Apt # 415  
Address

Miami, Florida 33161  
City/State and Zip Code

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 OCT 12 AM 8:52

FILED

For further information concerning this matter, please call:

Sierra Sinegal at (609) 284-3785  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Sierra Care Solutions, LLC

2. (a) Principal office address of limited liability company: 1251 NE 108th Street

(Note: **MUST BE STREET ADDRESS**)

Apt 415  
Miami, FL 33161

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1251 NE 108th Street  
Apt. 415  
Miami, FL 33161

January 24, 2011

3. Date of filing/registration in Florida

L11000009725

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Michele L. Abbot

Registered Office Address:

Corporation Service Company  
1201 Hayes Street  
Tallahassee FL, 32301

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

**NEW** Registered Agent:

Previus Julien

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

15158 NE 6th Ave

Miami, FL 33162

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.

Sierra Sinegal  
Signature of a member or authorized representative of a member

Sierra Sinegal  
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.

Previus Julien  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
OCT 12 AM 8:52  
TALLAHASSEE, FLORIDA  
CLERK OF STATE