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## LLC REGISTERED AGENT CHANGE ELITE HOME HEALTH SERVICES LLC

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K. SALY

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

Pursui submit Floria	ant to the provisions of sections 605.0114 or 605.0116, is the following statement in order to change its regula.	istered office	ites, the undersigned limited liability company or registered agent, or both, in the State of SERVICES LLC		
1. Na	me of the Limited Liability Company:		52.000		
2. (a)	2691 E. Oakland Park Blyd.	(b) 2691 E. Oakland Park Blvd.			
``	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite 403-A	Suite 403-A			
	Fort Lauderdale, FL 33306		Fort Lauderdale, FL 33306		
	11/7/2011	<u>L11</u>	0126199		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Nguyen, Nhat-Huy John				
	Registered Agent and Registered Office shown on the records of the	he Plorida Dept, c	of State:		
	2691 E. Oakland Park Blvd.  Registered Office Address (MUST BE FLORIDA STREET A	DDRECC)			
Registered Office Address (MOST BE FLORIDA STREET ADDRESS)					
	Suite 403-A	<u> </u>			
	Fort Lauderdale , FL	33306	ARSTEB -4 PM 12: 15		
	Carital Compania Consideration				
(b)	Capitol Corporate Services, Inc.  Enter name of NEW Registered Agent and/or NEW Registered 6	Office address:	<del>-</del> 2		
		<u> </u>			
	515 East Park Avenue 2nd Fl				
	NEW Registered Office Address:		<del></del>		
	Tallahassee , FL	32301			
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered of bility company the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
	Jashua Bitues	Joshu	ua Bilmes		
	ture of a member or authorized representative of a member		Printed or typed name of signee		
i nerei provisi the obl to meri notifiei	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in this performance of for in Chapter ereby confirm	s capacity. I further agree to compty with the fry duties, and I am familiar with and accept r 605. F.S. Or, if this document is being filed that the limited liability company has been		
	CD 1 1 1		istant Secretary on		
Signature of Registered Agent behalf of Capitol Corporate Services, Inc.					

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