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NOV 1 9 2018 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscqlobal.com

Date: October 31, 2018

Order#: 458906/006

Re: COMPREHENSIVE HOME CARE OF POLK, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Logan Hall 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

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## 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.

1. N	ame of the limited liability company: COMPREHENSI	IVE HOM	E CARE OF	POLK, LLC	
2. (a)	6450 NW 5TH WAY	(b)	6450 NW	5TH WAY	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,		ling address of limited Note: MAY BE POST	
	FT. LAUDERDALE, FL 33309	<del>-</del> ·	FT. LAUDE	RDALE, FL 33309	
	06/13/2012		L120000786	61	
3.	Date of filing/registration in Florida	4.	Do	ocument number	
5. (a	MOSKOWITZ, MICHAEL W				
	Registered Agent and Registered Office shown on the records of the	ne Florida I	ept, of State:		
	800 CORPORATE DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>		至6 克
	SUITE 500				
	FT LAUDERDALE FL	33334			FILE!
(b)	Corporation Service Company  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	)Mice addr	ess:		ED AN 8:1
	1201 Hays Street				D 0
	NEW Registered Office Address:		<del> </del>		
	Tallahassee , FL	32301			
Sign:  I here provise the obto menotification.	timited liability company is not organized under the laws ange 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 liabered amember or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had a provided the proper and complete pligations of this shange	the register bility constitution in the limit of the limi	ered office ar apany, it is he ed liability co bility compa mi, Authorize Pr a this capacia ace of my dut apter 605, F firm that the	nd the business offereby confirmed the ompany or as otherny.  Bed Person inted or typed name of the further current to the further curren	ice of the registered at the change(s) rwise provided in signee to comply with the liar with and accept ment is being filed ompany has been